West Yorkshire
Mental Health and Learning Disabilities Research Partnership

Winter
2010
Issue 5

Innovation

Research and Development Newsletter

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Farewell John Hiley
Research Management & Governance Manager

John Hiley

Farewell John. John Hiley, Research Management and Governance Manager for the Research Partnership is moving on to pastures new at the end of December. He has been appointed as the Clinical Studies Officer for Bradford District Care Trust where he will continue to employ his extensive expertise and experience promoting the research agenda particularly in relation to the high quality, nationally funded projects that come under the banner of the National Institute for Health Research. John will be sorely missed as an approachable, helpful and knowledgeable colleague. John came to what was then the West Yorkshire Mental Health Research and Development Consortium from the acute sector in 2006. He has made an invaluable contribution to individual researchers, groups and the research governance agenda within BDCT, LPFT and South West Yorkshire Partnership NHS Foundation Trust. He manages to bring humour and interest – and references to Leeds United – to what could be a rather dry subject.

Thank you John for all you have done to promote, sustain and develop research in this part of the NHS. We wish you all the very best in your new post.

Alison Thompson

An Exploration of the Relationship Experiences of Men with Intellectual Disability in Secure Settings

Background: Although relationships have been demonstrated to be a predictor of quality of life, with policies for people with intellectual disabilities (ID) being written to reflect this, there is a shortage of research into the relationships of people with ID who have broken the law

Methodology: The present study uses Thematic Analysis (TA) to explore the relationship experience of 10 men with ID in secure settings. Attention is paid to past and current relationships, with the content and direction of interviews being guided by participants.

Results: Three superordinate themes were discovered in the analysis. These were 'interpersonal factors', 'the internal-external interface' and 'safety'.

Conclusions: Results provide support for the existing literature base on the importance of relationships and the impact that positive and negative relationship experiences can have on people with ID. Support is also found for theories of parentification in this client group, the externalising of responsibility and a lack of coherence in the individual narrative.

Kelly Rayner – Researcher – pcp07kr@sheffield.ac.uk
Dr Harry Wood – Supervisor – harry.wood@swyt.nhs.uk

West Yorkshire
Mental Health and Learning Disabilities Research Partnership

WYRD 'Half Day Research Forum'
21 October 2010

This training event was organised by Dr Tom Hughes and Lucas Coulson ably supported by Andrew Sims Centre staff. Funding for the event was kindly provided by the West Yorkshire Comprehensive Local Research Network. The event, held at Shine Business Centre in Harehills, Leeds, was fully booked with 40 multidisciplinary participants.

The aim of the morning was to

- Encourage participation in portfolio research in Leeds PFT & SWYPFT

Objectives

- Inform people about recent changes in funding for research
- Identify barriers to individuals becoming involved in research
- Inform people about support available from NIHR Research Design Service
- Inform people about financial and other support available from WYCLRN and Research Design Service, and how to get this
- Discuss advantages of becoming involved in Portfolio studies
- Inform people about existing NIHR portfolio studies in LPFT/ SWYPFT
- Inform people how they can be involved in NIHR Portfolio studies
- Provide opportunity for people interested in research to network
- Provide a market space for Research related service providers/ groups
- Inform people about the Leeds University Health Science Research course

Outcomes

The evaluation demonstrated that the objectives were met, that the forum was relevant to those attending and that they would apply the learning from the event to their work. Participants said they would recommend the event to others. Some comments from the evaluation are:

"Good to know research not necessarily difficult to get started on and that support available to do so"

"I appreciated the expression of interest and commitment to supporting and developing involvement in Learning Disabilities research"

"Really interesting"

"Provided links and contacts to enable me to try and get involved in current research projects"

"The panel was encouraging and motivating"

"All speakers were excellent"

The positive feedback means it is likely that a similar research event will be held in 2011. Look out for details in future newsletters.

Alison Thompson alison.thompson@leedspft.nhs.uk

West Yorkshire
Mental Health and Learning Disabilities Research Partnership

Viewpoint
a survey of service users

Since March this year Leeds Partnerships NHS Foundation Trust has been involved in a project called Viewpoint. This is a national study being carried out by Professor Graham Thornicroft of the Institute of Psychiatry at Kings College London and the Mental Health Charity Rethink. The study is part of the time to change campaign (http://www.time-to-change.org.uk/) whose vision is 'To make lives better for everyone by ending mental health discrimination'.

Viewpoint is a survey of service users' self reported experiences of stigma and discrimination in mental health. It has been carried out annually since 2008 in different trusts each year across the UK using a deprivation index to gain a representative sample of the different socio-demographic areas. It will be the first ever measure of the experience of discrimination and stigmatisation on this scale.

This year 2010 Leeds PFT were chosen along with 5 other Trusts to take part in the study on which I have been the lead research assistant.

The study is running alongside the initiatives of intervention which are being carried out in the public, voluntary and private sectors to reduce people's negative perception of mental health and improve service users' experiences.

Its main aim will be to track mental health service users' self reported experiences of stigma and discrimination over time. The secondary aims are; to define the most appropriate methodology for the study to inform future surveys, and to explore variations in mental health service users' experiences of stigma and discrimination by gender, age, diagnosis and ethnicity.

I have thoroughly enjoyed working on this project as I think that the area of the study is very important at the moment. Studies like this are needed to see if things are changing and to help raise awareness in the relevant areas to bring about change.

The Principal Investigator for the study in Leeds was Dr Claire Flannigan. My involvement has been to coordinate the study in Leeds to help the research team with recruitment. This has involved a variety of tasks such as liaising with the different mental health teams, care coordinators, spreading the word about the study to service users, getting the information sent out to people so that they could take part. This was aided by people within the Trust. CMHTs, specialist mental health teams, ACS, recovery and social inclusion and service user representatives Paul Raisbeck from Leeds Mind and Geoff Clark, I am very grateful for their help.

This project is a cross-sectional assessment of the experiences of stigma and discrimination among 1000 representative individuals receiving mental health treatment. Each person who consented to take part in the survey was telephoned by a trained interviewer. They discussed their experiences answering a multiple-choice questionnaire which covered different life areas. These fell into 3 categories – anticipated discrimination (instances in which participants have stopped themselves from doing something because they feared discrimination), positive discrimination (instances in which participants feel they have been treated more favourably because of their mental health illness) and negative discrimination (instances where participants have felt they have been treated unfairly by others because of their mental health diagnosis). In the negative discrimination section people were asked about 21 different life areas such as experiences of discrimination in education, relationships and employment.

The design of the study meant service users were chosen randomly from the Trust database and 2300 service users were contacted to take part, so far 255 Adult Mental Health service users have taken part in this year's study in West Yorkshire. The results will provide a baseline for future surveys to track and evaluate service user experiences of stigma and discrimination and help in tackle people's attitudes towards mental health.

Through the recruitment process I spoke to service users from different areas of West Yorkshire about this study. The overall response was that it was a worthwhile study and people were keen to be heard and felt that there was still a way to go in changing others' perceptions about mental health.

Recruitment to the study has just finished so the research team are now analysing the data which will be available next year. Leeds has been the most successful trust in the service user response which I think is due to the help of each department, individuals and service users' who took part and for which I am very grateful. Hopefully studies like this will find that people's perceptions and understanding about mental health are changing and mental health will no longer be seen in the negative way it is still perceived by some.

Tendayi Guzha, Research Assistant.

Tom Hughes added:
Tendayi has done a fantastic job with this study and it is largely thanks to her efforts that the study has gone so well in Leeds. Congratulations on an extremely good outcome.

- Dr Tom Hughes
- Consultant Psychiatrist Leeds PFT
- Clinical Lead Mental Health Research
- West Yorkshire CLRN

Completed Research Projects

Community Treatment Orders
A service evaluation

Which factors are associated with the use of Community Treatment Orders? - A service evaluation based at Leeds Partnerships NHS Foundation Trust

A service evaluation was conducted looking at how community Treatment Orders (CTOs) are being used at Leeds Partnerships NHS Foundation Trust. Case control methodology was used to compare data of 56 service users an CTOs to that of 112 service users who were discharged from Section3 MHA. Data was gathered from 'PARIS', the Trust wide electronic database, by Dr McKie, a Speciality Registrar at the Trust. Appropriate statistical analysis was performed on the data using SPSS statistical program.

Findings showed service users on CTOs were more likely to be single, have a principal diagnosis of schizophrenia, a history of violence, a history of criminal convictions, a higher number of convictions in the past year and a higher number of previous admissions. Predictors of CTO placement were a history of schizophrenia and a higher number of previous admissions.

The findings are unsurprising given the reason behind the introduction of CTOs. They give supporting evidence that CTOs are likely to be used appropriately at the Trust. The findings must be interpreted with caution, however, as healthcare factors such as medication compliance and number of follow ups, were not examined, and they may have been potential confounding factors.

Dr Rachel McKie
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Completed Research Projects

What factors influence CRHT practitioners?

What factors influence CRHT practitioners' clinical decision making during assessment of mental health service users in crisis?

The main aim of Crisis Resolution Home Treatment Teams (CRHTs) is to provide service users with the most appropriate and beneficial treatment possible, (NAO 2007). This is achieved by the ability to rapidly assess individuals who are experiencing mental health crisis that is severe enough that may require hospital admission and the ability to provide short term intensive interventions within the person's home. CRHTs have challenged some of the more traditional approaches to mental health care provision. However there remains a lack of clarity of understanding in how and why CRHT practitioners make complex decisions during the assessment of service users in crisis.

Practitioner interviewed felt the preventing risk and the ability to manage that risk is the most important aspect of their decision making process. However it is evident from the data that in order to make that assessment it is important to have the skills to conduct thorough assessment and the ability to consider all factors discussed within the context they occur. It is also clear that in order to make this level of decision making, CRHT practitioners require a high degree of confidence and experience gained through their experience working in mental health care.

This level of practice and the complex decision making involved in CRHTs can potentially lead to desensitisation. Therefore it is important that practitioners are given adequate time for reflection and clinical supervision in order to discuss their practice and avoid the desensitisation that can occur with the over familiarity of practice.

Mark Dodd
Clinical Team Manager
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Leading To Quality
helping teams to work better with each other

Leading To Quality
Our Trust is involved in an exciting new research project examining the impact of leadership and culture on the effectiveness of teams and the quality of care received by adults who receive mental health services in the community. The research project will involve staff across Yorkshire and the Humber who work in adult mental health care in the community – this includes social care staff who work in integrated teams.

The research project, Leading to Quality, involves all NHS mental health provider organisations in our region. It is being hosted by South West Yorkshire Partnership NHS Foundation Trust and was commissioned by Yorkshire and Humber Strategic Health Authority. Alison Thompson, Head of Research is on the project steering group and Simon Gott is the Research Champion who will carry out interviews with service users and carers to collect information for the project.

The research will be carried out by a team from the School of Management at the University of Bradford. It will aim to discover ways in which leadership behaviour enables multi-professional teams to function most effectively, promoting and sustaining improved outcomes for service users and carers. This links in with the Government's QUIP agenda – quality, innovation, prevention and productivity.

Simon Gott explained, *"Team working and leadership are essential in the provision of high quality care, staff wellbeing and productivity. The best possible NHS care will only be achieved by effective team working among healthcare professionals, facilitated by leaders who are both competent and behave in ways that allow staff to be fully engaged in their work."*

The research is going to look at leadership, team-working, staff engagement and wellbeing in community mental health teams across the region. It will identify processes that lead to effective team working, positive staff wellbeing and engagement, and positive service user and carer experiences. The research will also explore the contextual factors that either help or hinder effective leadership and team-working – for example, relationships with the SHA and with senior management, geography of the area, and the range of professional expertise in a team.

Alison Thompson said, *"According to the Care Quality Commission, as many as half of all NHS teams may be working in a dysfunctional team, while other research has recorded extremely high levels of stress among NHS staff. Previous research has shown that factors such as lack of agreement and lack of clarity about goals and objectives, and conflicting demands made on teams by senior managers, often characterise how teams operate."*

Richard Hattersley added *"Research has also shown that an engaging style of leadership has a significant effect on staff morale and wellbeing, and on the success of a team's performance."*

Chris Butler, Trust Chief Executive offered his backing to the project, *"All of this can, obviously, have serious implications not only for the wellbeing of NHS staff but also on the quality of care received by people who use services. One of the aims of the project is to translate the research findings into practical tools and resources that will benefit teams. Teams will receive advice on providing effective leadership and team-working and strengthening a culture of increased productivity and engagement, coupled with high morale and wellbeing. I hope staff will support the project as it potentially has many benefits for our Trust and the Yorkshire and Humber region, but also for NHS and social care across the whole country."*

How staff will be involved
There are a number of ways that staff may be involved:
- By being interviewed
- By completing a questionnaire

If you do get involved it is important to remember that:
- No member of the Trust or local authority who employs you will be present at any of the sessions
- All information will be collected and recorded in such a way that neither specific individuals nor specific incidents can be identified
- The researchers from the University of Bradford are highly regarded and experienced professionals. They have to adhere to a strict code of ethical conduct.
- Having initially agreed to participate, an individual may wish to withdraw. You can do this at any time, and without giving a reason.

How to find out more
There is further information, including the project structure, aims, objectives and research evidence available at www.southwestyorkshire.nhs.uk/LTQ

A question and answer sheet has also been produced for service users and carers, as well as posters for display in service areas. These can be obtained, along with further information about the project, from Alison Thompson alison.thompson@leedspft.nhs.uk.

Leeds SMS PRoMpt
the SMS PRoMpt Research study

The SMS PRoMpt Research study:
Short Message Service Prompt Reminder for People taking Medication for serious mental health conditions is a study that is being set-up by the research team at Bridge House, South Leeds. It is hosted by Leeds Partnerships NHS Foundation Trust.

The main aim of the SMS PRoMpt study is to evaluate whether a SMS text-message intervention service is effective as a prompt to remind people to take their medication for serious mental health conditions upon discharge from acute mental health services. The main outcome is to address whether this is effective in reducing relapse resulting in readmission to acute mental health services.

A collaborative process:
A fundamental aspect of the design of the SMS PRoMpt study is a process of consultation and collaboration between the research team at Bridge House, Service Users in Leeds, academics at the University of Leeds and local Clinicians and NHS Managers. To consult with Service users a series of focus groups took place.

Planning the focus groups:
To ensure service user input into the design of the study, a series of focus groups took place across three days. The purpose of the focus groups was for the research team to consult with service users with experience of mental health conditions and seek their views and opinions about aspects of the SMS PRoMpt study.

To make the focus groups a reality, the Research team at Bridge House liaised with The Recovery & Social Inclusion Team in Leeds Partnerships NHS Foundation Trust. The research team worked closely with two members of the team John Thorpe and Alison O'Connell and collaborated with them in planning the focus groups, creating invitation packs to recruit Service Users and establishing materials to explain the SMS PRoMpt study to Service Users. Alison and John also played a crucial role in the facilitation of the focus groups when they took place.

Recruitment of Service Users:
The Recovery and Social Inclusion team identified Service Users who expressed an interest in taking part in research and who have experience of living with mental health challenges, of taking psychotropic medication and admission to adult acute mental health services. Each service user was sent an invitation pack via the post that explained the aim of the SMS PRoMpt study and the purpose of the focus groups, inviting them to attend one or more of three focus groups that took place at St Marys House in Leeds. Acceptance of invitation to the focus groups was fantastic. The majority of the service users that were invited attended all three of the focus groups.

The focus groups on the day:
The focus groups were coordinated by Bridge House Research team and facilitated by Alison and John of The Recovery and Social Inclusion team. Alastair Sutherland represented the Patient Advice and Liaison Service to provide a supportive service and assist with any issues or general enquiries at each focus group.

During the focus groups, the research team consulted with service users about the SMS PRoMpt study design, recruitment and retention of participants and the pragmatic implementation of the SMS intervention service to prompt people to take psychotropic medication for mental health conditions. The service users also provided their views on what they felt will be the key outcomes of the study for service users and for day-to-day clinical practice. As a result, the input from the service users has been implemented to ensure the design of the SMS intervention is as pragmatic as possible to be applicable in real-life for Service Users.

Service User feedback about their experience of the focus groups:
Some of the feedback from the Service Users about their experiences of the focus groups includes "I enjoyed the sessions expressing my thoughts and feelings", "At last mental health services are taking the needs of us, the service user seriously! We need more of these groups." "Mental health services are often forgotten but It is wonderful to see changes and inclusion taking place" and "I am sure the SMS PRoMpt study will be of benefit to both clients and the Trust".

Funding the focus groups:
A bid to Research Design Service for a Patient and Public Involvement Funding Award was successful which enabled the focus groups to take place.

A big thank you!
The research team at Bridge House would like to take this opportunity to say a big thank you to Alison O'Connell and John Thorpe and their colleagues from The Recovery and Social Inclusion team for their input from the stages of planning the focus groups, through to facilitating the focus groups on the day. We would also like to thank Alastair Sutherland of the Patient Advice and Liaison Service for providing a supportive service to the Service Users. The research team would like to say a massive thank you to all of the service users that attended the focus groups for being so forthcoming about their personal experiences and their views and opinions on the SMS PRoMpt study!

Rebecca Savage

West Yorkshire
Mental Health and Learning Disabilities Research Partnership

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

The NIHR Clinical Research Network Portfolio is a database of clinical research studies that showing the clinical research activity nationally. Clinical trials and other well-designed studies involving the NHS, funded by the NIHR, other areas of government and non-commercial partners are automatically eligible for portfolio adoption. Studies that are adopted onto the portfolio can access infrastructure support and NHS service support costs to aid with study promotion, set-up, recruitment, and follow-up.

Funding streams:

Research Design Service: Involving patients and public in developing NIHR portfolio grant applications. One grant per bid.

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

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

3. Health Services Research (HSR): Funds research mainly through a researcher-led work stream, whereby grants are provided for both primary and evidence synthesis on topics proposed directly by researchers, on an ongoing basis. The programme may also advertise calls for research proposals on specific topics. It intends to lead to an increase in service quality and patient safety through improved ways of planning and providing health services

4. Service Delivery and Organisation(SDO): Commissions research on the way health services are organised and delivered by the NHS, in order to help health practitioners, managers and policy makers to improve the quality of patient care, efficiency of health services, and the wider health of the public. It commissions research via standard calls that address specific topics, as well as by funding research proposed directly by researchers.

5. Health Technology Assessment (HTA): Funds research to ensure that health professionals, NHS managers, the public, and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology. For instance, It funds response-mode clinical trials, primary research, and assesses the effectiveness of new technologies through technology assessment reviews for NICE.

6. Invention for Innovation (i4i): Funds translational research, extending between basic research and pre-clinical trials or health technology assessments. This part of the innovation process is an area of high technological and business risk, and the projects funded by this stream reflect this. It is divided into four streams: 1. Feasibility study, 2. initial product development, 3. commercial viability study, 4. collaborative product development.

	Submission deadline	Submission outcome	Amount per bid	Duration	Further details
Pre-bid					
RDS	Call 4, 31.12.10	31.1.11	£500	One off	http://www.rds-yh.nihr.ac.uk
Research grants					
RfPB	21.01.11	July 2011	Upto £250k	Up to 2 yrs	http://www.nihr-ccf.org.uk/site/programmes/rfpb/default.cfm
SDO	16.12.10	3 wks after panel	£300K	Up to 2 yrs	http://www.sdo.nihr.ac.uk/fundingopportunities.html
HSR	January 2011		Up to£5M		http://www.hsr.nihr.ac.uk/funding/
HTA	01.02.11	June 2011	No limit	No limit	http://www.hta.ac.uk/funding/index.shtml
i4i (4 streams)	Depends on stream see separate table or follow link for more information	Depends on stream see separate table or follow link for more information	Depends on stream see separate table or follow link for more information	Depends on stream see separate table or follow link for more information	http://www.nihr-ccf.org.uk/site/programmes/i4i/default.cfm
Programme grants	14.03.11	March 2012	Up to £2M	Up to 5 yrs	http://www.nihr-ccf.org.uk/site/
					programmes/programmegrants/default.cfm
WYCLRN					
Responsive funding	Reviewed monthly. Next deadline: 13.12.10	No later than 5 Weeks post admission	Not specified		See right
FSF	As above	As above	Not specified	Up to 1 year	See right

WYCLRN: For more information about support costs (Responsive funding and Flexibility and Sustainability Funding) please visit the following: http://www.ukcrn.org.uk/index/networks/comprehensive/clrns/west_yorks/funding.html

Summary of i4i funding streams

	Stream 1 i4i feasibility study (NB established as FPD1)	Stream 2 i4i initial product development (NB established as FPD2)	Stream 3 i4i commercial viability study (NB established as FPD3a)	Stream 4 i4i collaborative product development (NB established as FPD3b)
Leadership	Academic or clinical lead	Academic or clinical lead	Academic, clinical or industrial	Any of the research or industrial collaborators with the capability to manage the project
Collaborators (desirable)	Academic + clinical	Academic + clinical	Academic + clinical + industry	Academic + clinical + industry + patient representative
Possible source of the novel idea that led to the funding application	• Academic or clinical research; • Identification of techniques or technologies from a different industry sector that have the potential to be applied in a healthcare setting, to meet an existing or emerging healthcare need.	• Stream 1 – i4i feasibility study; • Academic or clinical research; • The exploitation of techniques or technologies from a different industry sector.	• Stream 2 – i4i initial product development • Industrial, academic or clinical research; • The exploitation of techniques or technologies from a different industry sector.	• Stream 2 – i4i initial product development; • Stream 3 – i4i commercial viability study; • Industrial, academic or clinical research; • The exploitation of techniques or technologies from a different industry sector.
Duration	1 year maximum	3 year maximum	1 year maximum	3 year maximum
Available grant %	100	100	75	50
Available grant £ per annum	£100K maximum	£150K-250K	£75K maximum (Total project cost: £100K max)	£100-300K (Maximum total 3 yr project cost: £1.8m)
Deliverables	Demonstrate the potential for a medical device to be developed through further applied R&D: • Based on the technology or technologies that have been explored in the study; • That such a device meets a healthcare need.	The production of a medical device or product which: • Provides further evidence of its capacity to deliver improved healthcare outcomes; • Provides evidence of its capacity to deliver commercial opportunities.	• Identification and analysis of the clinical need; • Proof of concept and identification of technical risks; • The broad specification of a health technology that could be developed to meet that need; • A robust plan for commercialising the technology; • Identification of an industrial partner(s) capable of taking the commercialisation plan forward; • The source of the 'matching funds' during the Stream 4 – i4i collaborative product development stage.	• Advanced prototype tested in the laboratory and, if the regulations permit, clinically; • Business plan for commercial exploitation; • Estimated manufacturing cost and selling price; • Regulatory approval strategy; • Patient and user feedback; • Intellectual property exploitation plan.

Completed Research Projects

A Pilot Study
Transportation on Older People with Dementia

A Pilot Study of the Impact of NHS Patient Transportation on Older People with Dementia
This article has been published in its final form in the "International Journal of Alzheimer's Disease:"

Rebecca Spencer, "A Pilot Study of the Impact of NHS Patient Transportation on Older People with Dementia," International Journal of Alzheimer's Disease, vol. 2010, Article ID 348065, 9 pages, 2010. doi:10.4061/2010/348065.

You may access this article from the Table of Contents of Volume 2010, which is located at the following link:
http://www.sage-hindawi.com/journals/ijad/contents.html

This is an ABSTRACT:
Background. A pilot study using a mixed methodology was used to evaluate the effects of travelling on NHS Patient Transport Service ambulances on the experience of patients with dementia. The study assessed the feasibility of using Dementia Care Mapping in this setting and looked at the effects of the presence of designated staff teams on journeys, compared to journeys without such designated staff.

Method. Dementia Care Mapping was used to observe and record participants' behaviour, mood, and engagement during their outward and return journeys to NHS hospital sites. Observations were analysed for themes relating to the effects of travelling on PTS across the two groups.

Results and Conclusions. Participant's observed mood scores did not differ significantly across the two groups but the range of behaviours recorded on the escorted group journeys did and were reflective of formal care environments. The findings from this study highlight the importance of trained escorts on NHS PTS ambulances for people with dementia and provide important information regarding further research in this area.

Rebecca Spencer
Researcher
South West Yorkshire Partnerships NHS Foundation Trust

Alcohol – Evaluating Stepped care of Older Population Study

Leeds Addiction Unit provides outpatient and community treatment services to people who misuse alcohol or illicit substances. This is part of the Specialist Services directorate within the Trust. In addition to the treatment services offered at the LAU there are also teams focussed on research, training and informatics within the addiction field. The research team is currently working on a number of projects, one of which is AESOPS (Alcohol — Evaluating Stepped care of Older Populations Study) which is funded by the NIHR Health Technology Assessment Programme (Project No. 06/304/142) and co-ordinated by York Trials Unit, University of York. .

This research study is looking at the effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care. The study is a pragmatic multi-centre randomised controlled trial, set in general practices across Yorkshire, Humber, Tyne & Wear, County Durham, East Anglia, Kent and Fife.

Stepped care interventions provide a means of delivering more intensive interventions to those who fail to respond to less intensive interventions and are more in keeping with rational clinical decision making, rather than the blanket use of any one intervention strategy. In order to evaluate whether stepped care interventions reduce alcohol consumption, reduce alcohol related problems, improve quality of life and are more cost effective compared with a minimal intervention, we aimed to randomise 500 eligible patients from general practices across various UK centres.

Recruitment across all sites has now finished. We have exceeded the expected target by recruiting 529 participants. The next stage for this project is to finish collecting data from recruited participants prior to analysis and write up.

We hope to identify the most effective and cost effective method of treating older hazardous alcohol users in primary care. In addition to this we aim to ascertain information on prevalence of alcohol misuse within this population.

For further information please contact:
Lily Prestwood or **Jenny Lang** at the Leeds Addiction Unit on 0113 295 1307 or 0113 295 2775.

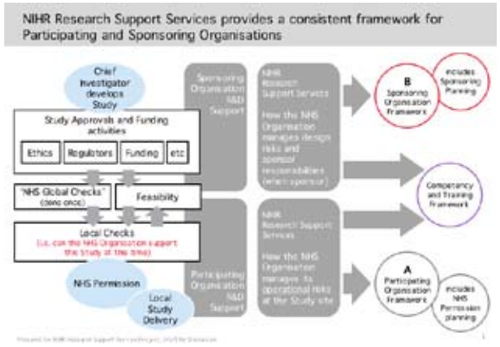
Research Support Services (RSS):
A Change in R&D Governance Procedures for Trusts

'The National Institute for Health Research (NIHR) has established a national framework for local health research management: the NIHR Research Support Services. This framework of best practice will enable front line staff to collaborate in offering consistent professional streamlined services, with proportionate procedures, to support clinical research in the NHS in England.'

See http://www.nihr.ac.uk/systems/Pages/Research_Support_Services.aspx

These guidelines will apply to all project applications; Portfolio and Non-portfolio.

Figure 1:



Key features are:
1. set of tools/Standard Operating Procedures (SOPs) for Trust R&D Departments to implement the Research Governance Framework (RGF)
2. provides a standardised and consistent environment for researchers approaching Trust for project approvals/requests for study sponsorship
3. provide proportionate risk assessment for studies
4. facilitate early discussions with R&D and Principal Investigators (PIs) to achieve swifter approvals/set-up times

A) study approval/NHS permissions
Documents include SOPs to facilitate:
- **a)** planning tool for participation [Study Readiness Assessment] – to rapidly determine if a study is able to be effectively undertaken within a Trust. This occurs prior to Trust R&D approval applications, and so should increase the speed of processing for any such subsequent approval.
- **b)** setup and study control processes
- **c)** confirmation of approvals
- **d)** study closedown

B) fulfilling obligations of sponsor for a study.
Documents include SOPs to facilitate;
- confirmation of study definition – including methodology. This allows appropriate regulation to be applied to the study eg. MHRA for clinical trials of Investigational medicinal products etc.
- management of a risk based assessment for the decision of whether to sponsor a study
- provision and management of study agreements
- support for the chief investigator (CI) for managing appropriate approvals/permissions
- ensuring study oversight via monitoring and audit
- management of study closedown.

Operational Capability Statement
This is an organisationally endorsed statement of the organisations interests, capabilities and facilities for undertaking research.

The R&D Operational Capability Statement (the 'Statement') provides a board level operational framework which empowers a R&D Office to undertake the management of R&D within the Organisation. **The NIHR expects that all Organisations intending to sponsor or participate in research have a R&D Operational Capability Statement.** The outcome is that the R&D Office does its work by reference to a Board approved R&D Operational Capability Statement.

The Statement provides information that enables:
- The R&D Office to undertake a rapid assessment using the Participating Trust Planning Tool and / or Study Sponsor Planning Tool. [see processes A and B above]
- Sponsors, Research Teams and NIHR Networks to work with R&D Offices to make the NHS Permission process predictable, quick and effective.
- The Board to set the Organisation's management framework for R&D and to plan developments and investments in research capability.

The Statement does not replace a Research Strategy. It may refer to a Strategy if the Organisation already has one. It provides an operational overview of capabilities and lists of contact points and Internal Agreements (see Guideline P05). The Statement can be shared with Networks, Industry, Researchers and Sponsors. It is a tool to improve collaboration and effectiveness in research activities.

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Winners of West Yorkshire Modernisation Award

Winners of West Yorkshire Modernisation Award 'Developing public involvement in research and development for mental health in the District"

http://www.southwestyorkshire.nhs.uk/directimpact/introduction.htm

Direct Impact (DI) us a service user and carer research group that was formed in May 2001. The group, which currently has around 7 members (plus two staff: the group facilitator and the minutes taker), meet monthly at Fieldhead in Wakefield.

Such is the group's reputation that these meetings often include guest researchers who would like DI's advice and/or collaboration on their projects. As DI also initiates its own research, the commitment of its members is more than merely attending monthly meetings.

The endeavours and excellent work of DI were officially recognised when it won the West Yorkshire Modernisation Award 2004. The group's motto – 'Developing public involvement in research and development for mental health' – is as true today as it was then.

So, what specific work has DI been involved with? Its prestigious research – widely acclaimed and published in research journals – including projects on welfare rights benefits, ECT and crisis resolution. DI has maintained these high standards: here is just a selection of the group's activities over the past couple of years.

One of the major works of research undertaken by DI during this period is the Carers Project. This looks at the important role of carers in the recovery process; carers' information support needs; and professionals' perception of carers' needs. This significant project is now in its final stages.

DI is also currently collaborating with Huddersfield University on research relating to risk management and care planning in mental health for service users. In addition, DI has regularly advised researchers – academics, medical staff, trust employees and PhD students – on all aspects of their research projects. Subjects have included self-management strategies used by service users to deal with depression; young offenders with learning disabilities; the impact of physical activity on psychosis; a toolkit for dementia; and service user perspectives of detention under Section 136 (the 136 suite).

Despite its achievements, DI never rests on its laurels. New ideas for projects and collaboration are always welcome. Perhaps the group's greatest asset is that of empathy. As service users and carers themselves, DI members are well aware that research and development is extremely vital to the future wellbeing of people with mental health problems and those who look after them.

Bal Singh
(Member of Direct Impact)
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West Yorkshire
Mental Health and Learning Disabilities Research Partnership

Completed Research Projects

An Exploration of Relationships

Experiences of men with intellectual disabilities

Transferring research knowledge into action is an extremely important task and successfully doing so can contribute to the delivery of better health services. However, this process does not always run smoothly. One of the main obstacles to transferring research into practice is the presence of a gap between those who produce research and those who use it. Different ways of bridging this gap have been proposed, but one of the most popular involves employing individuals to act as 'knowledge brokers'. Their job is to go beyond the one-way push of information from researchers to decision makers by facilitating a two-way transfer of knowledge.

To find out more about knowledge transfer and knowledge brokering, a team from the University of Leeds are carrying out three case studies within Leeds PFT. Each case study involves a team of practitioners who want to be able to use research and other evidence to help them plan, deliver or evaluate their services. Each of the three teams has access to a dedicated 'knowledge broker' who is helping them find and manage a range of research and other evidence, facilitating their interactions with relevant experts and helping them develop skills which will enable them to continue with the process of transferring knowledge into action.

Case studies are all due to finish in the next few months and the research team will use the information they have collected to develop a tool which can help researchers and users to think about how to transfer knowledge into action. For more information about the project please contact

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Completed Research Projects

Domestic Violence, Dissociation and Trauma in Eating Disorders

Domestic Violence, Dissociation and Trauma in Eating Disorders
John F Morgan, Cass McClintock, Saeidi Saeideh

We examined prevalence of Domestic Violence, trauma and dissociation among women with eating disorders, including risk factors, health professional attention and acceptability of routine enquiry. Participants were 30 adults in specialist eating disorder service who received structured assessment, and matched against 60 controls from a general psychiatric population. Main outcome measures were: lifetime/point prevalences of Domestic Violence; attitudes to routine enquiry; past disclosure; eating disorder severity; Dissociation and post traumatic stress disorder (PTSD); clinical and demographic risk factors.

In total 60% of women had experienced physical violence from their current or previous partner, 81% had experienced some form of controlling behaviour and 54% had been threatened. 27% of those experiencing domestic violence reported physical injuries as a result. Domestic Violence was not uncommon during pregnancy and reported by 27% of the study population, of whom a quarter ascribed worsening violence to the pregnancy and 12% attributed miscarriage. The majority had never been questioned by health care professionals about experiences of domestic violence, whilst the majority (83%) perceived questions as highly acceptable. Domestic Violence was strongly associated with greater severity and chronicity of eating disorder and higher levels of dissociation and PTSD.

Experiences of childhood sexual abuse were significantly less common (32%) in women with eating disorders than women from a general psychiatric population (76%).

In conclusion, domestic violence is common but undetected in women with eating disorders. Given its prevalence and potential relevance to clinical outcome, screening should be routine and is acceptable to most patients. Traumatogenic responses to undetected domestic violence may explain treatment resistance through the mediating effect of dissociation and PTSD, but directions of causality cannot be assumed from this cross-sectional study and will be examined in future research.

West Yorkshire
Mental Health and Learning Disabilities Research Partnership

Rehabilitation Effectiveness
and Activities for Life

A multicentre study of rehabilitation services and the efficacy of promoting activities for people with severe mental health problems

Study Summary

This programme of research focusses on inpatient mental health rehabilitation services. These services provide care for people with severe mental health problems, usually schizophrenia or schizoaffective disorder, that are complicated by other problems such as non-response to medication, substance misuse, challenging behaviours and so called "negative" symptoms that make it difficult for the person to motivate themselves and organise day to day things that we usually take for granted. Because of these problems, this group of service users often require lengthy hospital admissions.

Rehabilitation services aim to help the person gain or regain skills that they have lost through their illness, cope better with their symptoms and gradually gain the confidence and ability to leave hospital. Most of this group of service users will require supported accommodation when discharged. Rehabilitation services tend to work with a minority of the people who receive care from mental health services but because of their severe and complex problems, their lengthy admissions and their ongoing need for high levels of support in the community, this group cost the NHS a lot of money. Despite this, very little research has been carried out to help understand which aspects of rehabilitation services work best and which patients benefit most from them.

In the first phase of this research programme we plan to carry out a detailed survey of all mental health rehabilitation services in England (there are around 90) and, as part of this, use an assessment measure that we have developed in another study to rate their quality (the "DEMoBinc toolkit"). This phase will take around 2 years and will involve interviews with the manager of each inpatient rehabilitation unit and 10 service users from each service. In addition 2-3 staff and 2-3 service users from around 15 services will be invited to take part in in-depth qualitative interviews so that we can better understand the aspects of services that help and hinder service users in their rehabilitation.

In the second phase of the project we will develop a training programme for nursing and other ward staff to help them to find ways to assist patients better with their day to day activities, getting to groups and getting out into the community for courses and leisure. This phase will take around 6 months and will involve consultation with occupational therapists and other mental health practitioners. We will also incorporate examples of good practice identified in the first phase.

In the third phase of the project we will evaluate this staff training programme in a randomised controlled trial with a selection of services to see if it is successful. The staff training intervention will be delivered by one of two "GetREAL" teams comprising an occupational therapist, an activity worker and a service user. Each team will spend five weeks with 17-18 services. The main outcome we will assess is the proportion of time that service users spend doing activities.

In the fourth phase of the project (that will take place at the same time as the third phase) we will follow-up service users from the remaining services (those not involved in Phase 3) and investigate the factors associated with better outcomes and earlier discharges.

The project will allow us to identify the service and service user charactersitics that result in improvements for users of mental health rehabilitation services that subsequently allow them to leave hospital sooner and, as a consequence, reduce costs to the NHS.

The REAL Study has been open and conducted in both the Leeds & South West Yorkshire Parternership Foundation Trusts over the past 6-months with support from the West Yorkshire Mental Health & Learning Disabilities Research Partnership. The first phase of this study is almost complete in both Trusts now and the study has been well accepted by service users, staff members and the unit managers involved. We will be discussing service user and staff participation in the REAL study, in particular their experience of being involved in the research process in a follow up article in the next issue of 'Innovation'.

For futher information regarding this study please contact the REAL study team:

Dr Helen Killaspy, Senior Lecturer in Rehabilitation Psychiatry

Isobel Harrison, Research Associate

Email: lucas.coulson@swyt.nhs.uk

Calderdale and Huddersfield NHS
NHS Foundation Trust

Developing Research proposals for Funding

Date: 24th January 2011
Time: 9.45am - 4.30pm
Venue: Fieldhead hospital,
Large conference room,
Ouchthorpe lane,
Wakefield, WF1 3SP
Book by: 17th January 2011

A one-day training course designed to enable participants to turn an idea for research into a viable question. It introduces the principles of research and guidance on what makes a successful bid for funding. It will also give information on the funding streams available within the new National Institute for Health Research (NIHR). With an emphasis on group work and guided learning, participants will have the opportunity to work on their own research ideas, and by the end of the day they will have an introduction to resources available to help turn this into a funded proposal.

Course Overview:
Introduce participants in how to formulate proposals through critical thinking and design a valid research question.
Introduce aspects of research design, resourcing and management for a research proposal.

- **Look at how to prepare a proposal for funding.**
- **Identify available resources and funding streams.**
- **Introduce key principles of ethics and research governance.**

For more information please contact course leader Asifa Ali or to reserve a place please compete and return a booking form to Lesley Argyle on **01484 347007,**
or e-mail **R&D@cht.nhs.uk**

There should be a flyer on our website too with a booking form once it lets me upload it which is **http://www.wymhrdconsortium.nhs.uk/**

West Yorkshire
Mental Health and Learning Disabilities Research Partnership

Contact us
and Research Governance Training

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

For more information please contact:

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GCP training

A key requirement for anyone involved in the conduct of clinical research is Good Clinical Practice (GCP) training. GCP is the standard and guidelines to which all research is conducted.

Find out more about the course content and when they run at this link http://www.crncc.nihr.ac.uk/training/courses/gcp/index.

- **GCP courses** These workshops meet the needs of those people working at site to deliver research designed and managed by others. They are ideal for people delivering research in the NHS.
- **GCP course dates** You can book courses via the Learning Management System (LMS). See the Booking NIHR CRN Courses page **http://www.crncc.nihr.ac.uk/training/booking** for guidance and links to the LMS.

  It is highly recommended that your first GCP training be an interactive workshop to gain full benefit of the discussion of issues that can arise when conducting research and how to address them properly. The online training is only suitable as a refresher for those who have previously attended a taught workshop.
- **GCP resources**

Why you need GCP training

Everyone involved in the conduct of clinical research must have training to ensure they are best prepared to carry out their duties. This is laid down in the Research Governance Framework for Health and Social Care 2005, covering all research in the NHS in England, and in law for those people working on clinical trials.