



Innovation

Research and Development
Newsletter

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led by Tom Hughes (cover photo)

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The Importance of... Research and Innovation

The recently issued Department of Health Mental Health Outcomes Strategy (Gateway reference 14679) emphasises the vital importance of high quality research both in its application and in the need to complete new research. The following are quotations from the strategy:

1.29 "... These frameworks will evolve as further research is commissioned and better data on mental health outcomes become available."

Co-ordinating, promoting and supporting research:

5.39 "High-quality research is vital to improving our understanding of the causes of mental ill health and the treatment and care of those with mental health problems. Research, including mental health research, in the UK is supported by a wide range of organisations from the private, charity and public sectors."

5.40 "The Department of Health, through the National Institute for Health Research (NIHR) and the Policy Research Programme, has invested significantly in mental health research and will continue to support high quality mental health research. The

NIHR will also continue to work with research councils and other funders to co-ordinate research efforts, consistent with the recently published MRC Review of Mental Health Research."

Reference: Medical Research Council (2010) *MRC Review of Mental Health Research – Report of the Strategic Review Group*, available at: www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC006848

5.66 "The Board will also promote involvement in research and the use of research evidence."

7.6 "Fostering innovative practice, supporting research and ensuring good evaluation are critically important if the Government is to continuously maintain high-quality and efficient services."

Alison Thompson
15th February 2011



Listening and Learning Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME)

Although NHS care for people with Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) has been recognised through the publication of NICE guidelines (NICE, 2007), there remains continuing discussion about the value of NHS services for this condition (All-Party Parliamentary Group on ME, 2009). A team of clinicians and people with CFS/ME undertook this study in order to explore patients' experiences of the local specialist NHS service for the condition. The research sought to collect both quantitative and qualitative data, in order to provide a comprehensive view of patient experience and to address whether being a member of a patient organisation influenced this.

Two hundred and fifty nine patients who had accessed the Leeds & West Yorkshire CFS/ME service completed a postal survey. The results showed that 60% of patients had to wait over a year to gain a diagnosis and only a few patients received the early advice in primary care outlined in the NICE guidelines. Ninety one percent of patients found referral to the specialist service was helpful to them. The most highly rated elements of this included both individual and group interventions focused on the management of the condition, such as pacing and grading activity. Some interventions, such as CBT, were reported as more

helpful than in previous national patient surveys. Overall there had been an improvement in ratings for all aspects of the service in comparison to a past local survey.

A key factor identified was the importance of the attitude, knowledge, and approach of the health professionals. Attitude and knowledge were rated as excellent or good by 97% of responders and this was the most widely reported theme. The other major theme that appeared to influence the quality of peoples' experience was how flexible the service was in meeting individuals' needs. The biggest barrier to people was the issue of travelling to the service, with an expressed need for a more local access to the same level of expertise. There was no significant difference between responses from members of patient organisation and responses from those that were not. Overall, the survey highlighted the positive impact of the specialist service and provides valuable insight for other services on improving the quality of care.

Sue Pemberton, Ian Portlock, Dr Hiroko Akagi, Chris McCormack, Simon Ounsley, Jane Cox
Email: spemberton1@nhs.net




Hope in Primary Caregiver Accounts of First Episode Psychosis

Primary caregivers provide essential care and support to people with psychosis and are often key players within recovery. The recovery model and an expanding research literature suggest that the concept of hope is an important factor in adaptively coping with psychosis and also serves a critical role within recovery. The present study sought to explore how hope featured within the experiences of six primary caregivers of young people with first episode psychosis within the context of two UK early intervention services. Primary caregivers were interviewed about their experiences of supporting and caring for a young person with first episode psychosis. Caregivers experienced a maelstrom of distressing change and loss following the young person's psychosis and struggled to make sense of what was happening. A range of experiences were also described during the young person's recovery and receiving help from services. Hope was

described as an important factor in sustaining and motivating caregivers through the demands of care giving and in their efforts to support the young person towards recovery. Having experienced a range of distressing and often traumatising experiences, the findings of the present study suggest that caregivers have a range of parallel support and recovery needs. In particular, the findings highlight the need for caregivers and their families to jointly making sense of the young person's psychosis from a very early stage. The findings also indicate that service providers should seek to nurture the hopes of carers and a range of possible interventions are suggested.

Jason Miller
Email: jason_m_miller@msn.com
umjmm@leeds.ac.uk

Completed Research Projects

Training and Support

needs of Registered Mental Health Nurses



An investigation into the Training and Support needs of Registered Mental Health Nurses responsible for the management of Suicidal and Parasuicidal risks in acute wards.

ABSTRACT

This thesis explores the issues involved in supporting Registered Mental Health Nurses (RMHNS) in the development of the skills required for the management of people displaying suicidal/ parasuicidal behaviours in acute inpatient mental health wards.

Mental Health Nurses working in inpatient settings currently have 24 hour responsibility for caring for people at risk of suicide (Orbach, 2003). The literature indicates that people with mental health problems are at a higher risk of suicide than the general population. Therefore, the relationship between suicide and psychiatric disorders is an important issue. However, as Cutcliffe (2003b) points out, relatively little attention has been paid to training mental health workers in suicide prevention. The current research explores the perceptions and experiences of a sample of RMHNS with these responsibilities in order to provide a basis

for assessing what might be an appropriate training and support regime.

The research is based on a qualitative methodology using a phenomenological approach enabling an in-depth study of the views of a sample of RMHNS and identified the essences of their experiences. The thesis reports RMHNS' views of a range of issues related to the management and treatment of suicidal individuals. The results indicate the Nurses' need for support within their clinical areas, and identifies the following issues: the physical and psychological stress resulting from managing the suicidal individual; RMHNS' expressed the need for enhanced training; the potential benefits of the Knowledge Skill Framework (KSF) system introduced with the Agenda for Change, in terms of developing such attributes as confidence, self-esteem and reflection. The thesis concludes with a discussion of the significance of the findings and recommendations in terms of potential development in training and support.

Dr John Chanpakkee
Email: chan.chanpakkee@swyt.nhs.uk

Research Ethics

Committee Members Needed

A Research Ethics Committee's (REC) task is to consider the ethics of proposed research projects which will take place within the NHS. It is the duty of an REC to protect the interests of research participants. The committee reviews research applications and gives an opinion as to whether the research is ethical.



National Patient Safety Agency National Research Ethics Service

Vacancies

We currently have vacancies for expert members who are interested in thinking about the issues from the perspective of a potential research participant and who already have or would like to develop a knowledge of research ethics. An expert member is defined as someone who is a health care professional, or a retired doctor/dentist, or a person with professional experience relating to the conduct or use of statistics in clinical research.

We also have vacancies for lay members, i.e. members of the public who are not healthcare professionals or who have recently retired from a health service background, and who are interested in thinking about the issues from the perspective of a potential research participant and would like to develop knowledge of research ethics.

All NRES Committee members receive training in ethical review and have opportunities to debate challenging issues.

Positions are voluntary, but expenses are paid for attendance at REC meetings and training events, including travel and childcare costs if applicable. Committees meet on average for half a day per month and you will need to be able to attend at least two thirds of all meetings, as well as attending one day's training per year.

We have vacancies across the region, although we are particularly in need of members for the following committees:

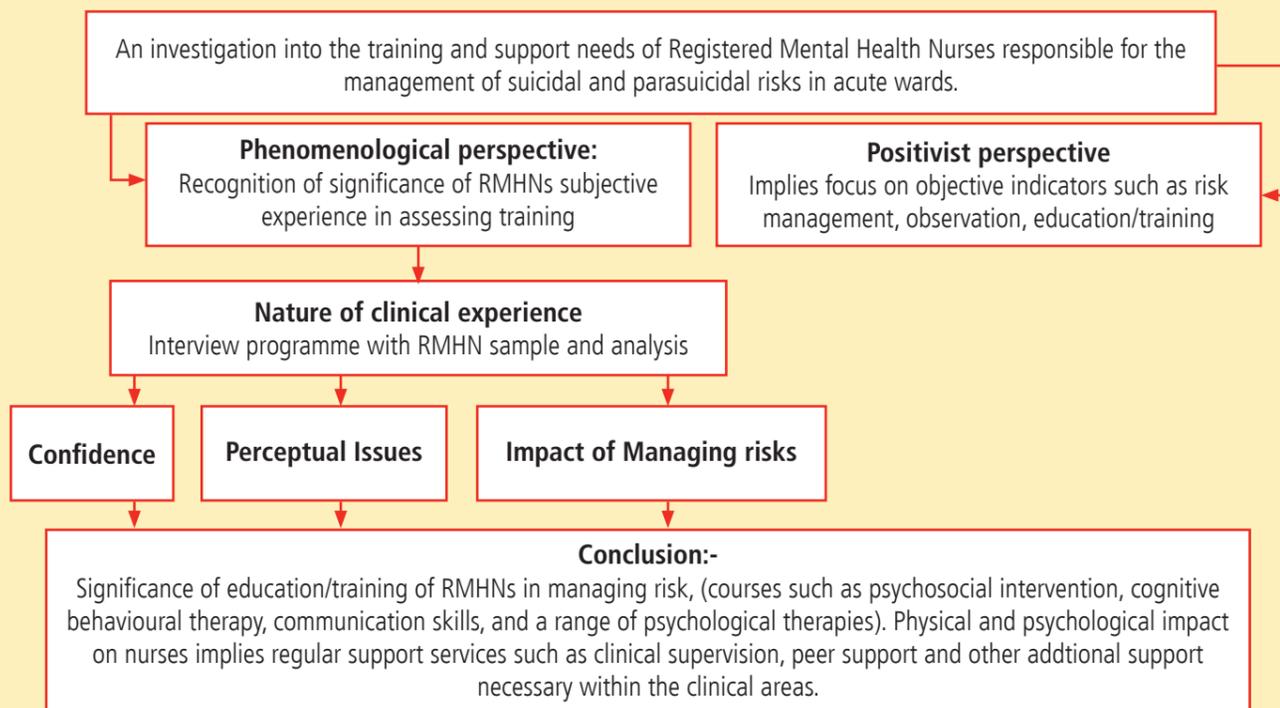
- **Leeds East (meets on the first Tuesday each month at 4pm)**
- **Bradford (meets on the third Tuesday each month at 12.30pm)**
- **Sheffield (meets on the first Monday of the month at 1.00pm)**

We have a positive approach to diversity and encourage applications from all sections of the community. To find out more, please call **0113 3050100** or email us on **sarah.corrie@nhs.net** for an application pack. More information on RECs can be found at our website **www.nres.npsa.nhs.uk**



Managing Suicide Risk

Diagram showing the original features of the study



Completed Research Projects

Mentorship and Learning

Experiences of an accelerated Nursing Programme



Graduates are increasingly entering pre-registration nursing programmes; however research on accelerated programmes is limited within the UK (Halkett and McLafferty, 2006). Mentorship research focuses on the importance of a supportive student-mentor relationship and the need for focused time in facilitating learning.

Findings

Graduate students were motivated, assertive and used their intuition. They were self directed in their approaches to learning and demonstrated a readiness to learn. Graduates learnt in different ways and particularly valued mentors who were able to challenge and stretch their thinking and acknowledge their independent approaches to learning. The relationship between confidence, challenge and support was central to learning.

The findings suggest that a workplace which is welcoming and that supports students to engage and participate in care from an early stage of the programme encourages students to learn. Where workplace practices are unpredictable and patient care are constantly changing then mentorship needs to be able to adapt a more directive approach. The contribution that experiences knowledgeable mentors provided to students learning was evident.

Margaret Lascelles

Email: M.A.Lascelles@leeds.ac.uk

Methodology

Using an instrumental case study design and a qualitative approach a convenience sample of six graduate students undertaking pre-registration accelerated nursing programme and eighteen mentors contributed to the study over a calendar year during 2007-2008. Ethical approval was obtained. Semi-structured interviews with both students and their mentors over four clinical settings were undertaken. Data analysis adopted an electric approach drawing upon Ritchie et al (2003) framework analysis and Stake's (1995) case study approach.

Library Courses

Please contact the LGI Library on 0113 3926445 for more detailed information and to book onto a course. Full details can be found on: <http://www.libraries.leeds.nhs.uk/Training>
All courses are completely free to Leeds NHS Staff and have duration of 2.5 hours or less.

Course Descriptions:

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 - Aimed at all Leeds NHS staff who wish to set up and use email and RSS alerts and feeds to support their practice or professional development.

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 - Aimed at all Leeds NHS staff who wish to gain skills in searching Google for information to support their work, practice or professional development.

Healthcare Databases - This course focuses on searching healthcare databases such as Medline and CINAHL

June:

- Mon 6th** (PM) Healthcare Databases @ LGI Library
- Tues 7th** (PM) Google @ Mental Health Library
- Fri 10th** (AM) Cochrane Library Training @ Mental Health Library
- Wed 22nd** (AM) E-journals @ St. Mary's Hospital
- Wed 22nd** (PM) Healthcare Databases @ St. Mary's Hospital
- Thurs 16th** (PM) Critical Appraisal @ Armley Park Court
- Tues 21st** (AM) Cochrane Library Training @ LGI Library
- Tues 28th** (AM) Current Awareness @ Bexley Wing, St. James

July:

- Wed 6th** (PM) Healthcare Databases @ LGI Library
- Thurs 14th** (PM) E-journals @ Mental Health Library
- Weds 27th** (AM) E-journals @ LGI Library
- Tues 12th** (AM) Healthcare Databases @ Bexley Wing, St. James
- Tues 19th** (PM) Cochrane Library Training @ LGI Library
- Weds 20th** (AM) Google @ Bexley Wing, St. James
- Mon 25th** (PM) Current Awareness @ LGI Library
- Tues 26th** (AM) Critical Appraisal @ Mental Health Library

Completed Research Projects

Parental Bonding Styles

Leeds Gender Identity Service

A study to examine parental bonding styles in a sample of clients from the Leeds Gender Identity Service.

The Leeds Gender Identify Service implemented the use of the Parental Bonding Instrument (PBI) in order to examine parental bonding styles of clients diagnosed with gender identity disorder/transsexualism. The Diagnostic and Statistical Manual (1987) reported that transsexualism may have developed due to a disturbed parent – child relationship.

The aim of the study was to examine parental bonding styles in a sample of clients with gender identity disorder/transsexualism who attend the Leeds Gender Identity Service.

The objectives were;

- To compare parental bonding between mothers and fathers of clients from the Leeds Gender Identity Service.
- To compare emerging themes in relation to the experience of parental bonding and to consider if gender identity disorder/transsexualism may have developed due to a disturbed parent – child relationship.
- To consider if using the PBI is a valuable tool for working with clients with gender identity disorder/transsexualism.

This is a quantitative study using retrospective data. New clients attending the Leeds Gender Identity Service were asked to complete the PBI before the first assessment session. The sample size was 30 clients whom had both scores on the PBI for a mother and a father. A convenience sampling method was used. Care and protection scores were broken down into four categories; affectionless control, affectionate constraint, absent or weak bonding and optimal bonding. Descriptive statistics were used to analyse data.

Results found that 10 (33%) clients reported that optimal bonding from their mothers alongside 8 (27%) fathers. 6 (20%) clients reported maternal weak bonding, alongside 8 (27%) clients reported weak paternal bonding. Affectionate constraint was identified in 5 (17%) mothers and in 2 (7%) fathers. Affectionless control reported in 9 (30%) cases for mothers and 12 (40%) cases for fathers. This was the highest score in the study for the fathers. The Chi Square test showed that there was no significance between the mothers and fathers.

Vanessa Noble

Email: vanessa.noble@nhs.net

It is proposed that this study has provided a starting point for further research in the area of gender identity disorder/transsexualism and the use of the PBI.

Completed Research Projects

Documentation of dementia

on death certificates

Dementia is an important illness which may be under diagnosed as a cause of death if it is not reported on a death certificate.

The aim of this project is to find out whether death certificates accurately reflect the number of deaths due to dementia.

Leeds Trust Dementia Inpatient Services provide assessment, treatment and care to people experiencing a crisis with their dementia, including people who might pose a risk to themselves or others and whose care requires management in a hospital environment over 24 hours.

Information was gathered from the death certificates stubs for all the inpatients that died in the four community units during the last five years or 5yrs prior to closure of the unit. A total of seventy-nine patients died during the study period.

The four community inpatient units are:

1. Town gate house (closed in 2009)
2. Airecourt
3. Asket croft
4. Millside (closed in 2007)

As the four community mental health inpatient units for older adults cater for dementia patients, we would expect that dementia is mentioned as the main cause or the associated cause of death for any patient that may die on these units.

However, during this study, it was noticed that only 83% (66/79) of death certificates had Dementia as a cause of death. This study highlights the importance of documenting chronic conditions such as dementia in the patient's records and death certificates. Awareness of chronic conditions will help us to plan services and allocate resources accordingly.

Dr Radhika Aduri

Email: radika.aduri@nhs.net

Welcome

An interview with James Hughes, R&D Manager



My name is James Hughes, I have taken up the post of R&D Manager within Leeds Partnerships NHS Foundation Trust based in the R&D Department at St Mary's House. In my role I will be involved in ensuring that all project activity conducted within the Trust adheres to sound research practice principles, as set down in the Research Governance Framework (DoH), so that NIHR

funded projects, local research projects, student projects and service evaluations undertaken subsequently generate successful outcomes.

My background is in clinical and basic research.

Following undergraduate studies in Salford, including a research placement year at Aintree University Hospitals NHS Foundation

Trust, Liverpool, I joined Prof. Stephen Holgate's research team at the Southampton Medical School, University of Southampton. Upon completion of my PhD I spent three years within the Lyme Borreliosis Unit of the Health Protection Agency based at Southampton University Hospitals NHS Trust. I returned to academic research in the newly formed Stem Cell Centre within the Southampton Medical School. In 2009 the research group relocated to the Regenerative Medicine and Developmental Biosciences Department at The University of Manchester and then earlier this year I made the short trip across the Pennines to take this role.

My intention in post is to build upon the excellent systems in place here within the Trust and strengthen the Trust project portfolio, through fostering links with organisations such as the NIHR, WYCLRN, Leeds Institute of Health Sciences, HEI/FEI's and NHS partners. In addition to this, I will support any staff in aspects of project work and governance and attempt to navigate them around any potential potholes to ensure that their time can be freed to answering their project hypothesis or question.

James.hughes4@nhs.net T: 0113 29 54462

Welcome

An interview with Elaine McMullan, Research Assistant



I am Elaine McMullan, a newly appointed Research Assistant within the West Yorkshire Mental Health and Learning Disabilities Research Partnership. My main role is to support researchers on a number of National Institute for Health Research (NIHR) portfolio studies, primarily to increase the participation of both NHS staff and service users to these studies.

I have worked for Leeds Partnerships Foundation Trust for four and a half years. Prior to this Research Assistant post I worked for 2 years as an Assistant Clinical Psychologist within forensic low-secure services. Formerly I worked for 2 years as a Health

Care Support Worker in a mental health rehabilitation unit. I have also broadened my clinical experience by completing Continued Professional Development (CPD) time within Aspire, Early Intervention in Psychosis Service, and the Yorkshire Centre for Eating Disorders.

My academic background is in Psychology and Philosophy

I graduated with a BSc Joint Honours from the University of Leeds. I have further completed a Post-Graduate Certificate in Social Science Research Methods through the Open University. This research assistant post will enable me to apply my academic knowledge and research skills to mental health related studies and give me an opportunity to contribute to evidence based practice within the Trust.

Elaine.mcmullan@nhs.net T: 0113 29 52441

START Trial

Systemic Therapy for At Risk Teens - www.ucl.ac.uk/start



A bit about me

I have recently started working as a Clinical Studies Officer for the START Trial based at Leeds University. I previously worked as a Multi-systemic Therapy Practitioner in Barnsley and in other Clinical roles based at Youth Offending Teams in Sheffield, Barnsley and Leicester. I completed my

MSc Forensic Psychology at Leicester University and my BA Honours in Psychology and Sociology at Leeds University, during which I completed research projects investigating the protective role of significant others in adolescent offending and experiences of self harming behaviours and staff attitudes towards adult males at HMP Leeds.

What is the START Trial?

This study aims to compare Multisystemic therapy (MST) with management as usual (MAU) for adolescents who meet criteria for being at 'high risk' of requiring out of home care, specifically when this risk is associated with antisocial behaviour including conviction as a young offender. Although the evidence from the United States suggests that MST is a very promising treatment the question of whether it will be similarly effective in the UK has not been fully investigated. The research is being conducted across 9 pilot sites, each overseen by a team of therapists who will have received a specialist training in MST ensuring high quality delivery of the intervention. The aim is to carry out a pragmatic trial that will inform policy makers, commissioners of services and professionals about the potential of MST in the UK and determine whether the provision of MST can significantly reduce the incidence of out-of-home placements, severe mental health problems, educational problems or other unmet needs.

The study will also investigate whether MST is associated with;

- (a) a decrease in antisocial behaviour
- (b) improved educational outcomes
- (c) improved family functioning

Moreover, the study aims to establish the cost of MST in comparison to usual services, and the cost-effectiveness of providing this intensive form of intervention in order to ascertain whether it is an economically viable option for future service provision.

What is MST?

MST is an intervention originally developed in the United States and specifically designed for young people who exhibit antisocial behaviour and their families. MST is an intensive family and community based treatment programme that is designed to not only work with the young person and their family, but to also look at the young person within their wider context and social systems, i.e. home, school, community, peer relations. The underlying premise of MST is that criminal conduct and antisocial behaviour is multi-causal, meaning that the environment around the young person is looked at in addition to the young person themselves. Interventions typically last for between 3 and 5 months. It is delivered by specially trained professionals who work with only a few families at a time, each therapist being the single point of contact for each young person, available 24/7, and thus able to develop a strong relationship with the family very quickly. MST integrates key elements from a number of different individual treatments as well as family based psychological treatments, making it a robust means of engaging with a group of young people from a range of environments whose difficulties and needs are heterogeneous and complex.

For further information about the Start Trial please visit: www.ucl.ac.uk/start

**Alexandra Smith
a.c.smith@leeds.ac.uk**



The PAPPA Study

The prevalence and importance of unrecognised bipolar disorder



This is a single group, cross-sectional observational (descriptive) study of the prevalence and importance of unrecognised bipolar disorder among patients prescribed antidepressant medication in UK general practice.

Aims

1] To identify how many people treated with antidepressants for

depressive or anxiety disorder by their GP have unrecognised bipolar disorder. **[2]** To find out whether those with unrecognised bipolar disorder have a worse outcome than those without. **[3]** To find out if a brief screening questionnaire for bipolar disorder is useful in primary care.

Background

Bipolar Disorder is generally a recurrent condition, characterised by both episodes of depressed mood and episodes of elevated mood (mania or hypomania). People who have bipolar disorder experience more periods of depression than elevated mood and more commonly present in the depressed phase of the disorder. Symptoms of mood elevation indicating mania, but particularly hypomania, are frequently not recognised by people as abnormal, and are therefore not reported to the doctor unless specific enquiry is made. Even if such symptoms are reported, they are frequently not recognised by the doctor. Instead, such people commonly receive a diagnosis of depressive disorder or anxiety disorder, with their hypomanic symptoms either discounted or attributed to some other characteristic. Bipolar disorder is therefore frequently overlooked in psychiatry outpatient clinics and these findings raise the possibility that a similar phenomenon occurs in primary care.

The epidemiological data on bipolar disorder from several studies suggests that around 95% episodes of bipolar disorder begin before the age of 40. A systematic review of randomised controlled drug trials found that antidepressants are effective in treating depression in bipolar 1 disorder, however there is almost no evidence that antidepressants are effective in bipolar 2 disorder. Other studies found antidepressants were associated with an increase in cycling between depression and mania or hypomania in bipolar disorder. This implies that there is possibly a risk of ineffective and harmful treatment for those with unrecognised bipolar disorder who currently receive treatment with antidepressant medication.

Outcomes

In addition to identifying the prevalence of undiagnosed bipolar disorder among patients being treated with antidepressants for depression or anxiety in primary care, the study will also establish

whether people with unrecognised bipolar disorder have a more serious condition in terms of: **1)** having either more episodes of illness, **2)** more severe symptoms, **3)** more frequent consultations in primary care, **4)** if they receive a greater number of different antidepressants, **5)** a greater total duration of antidepressant treatment and **6)** are potential more disabled.

If a large number of people with bipolar disorder are incorrectly diagnosed, and they have histories of more severe illness than those without bipolar disorder, this will identify an important under-recognised public health problem with several implications.

The study also aims to establish the accuracy of The Mood Disorder Questionnaire, currently used as a questionnaire screen for bipolar disorder, in UK primary care by comparing results of the questionnaire with those obtained by a research diagnostic interview.

Sampling procedure

Potential participants are identified from databases within general practices. The study aims to recruit 350 patients from general practices across West Yorkshire. Patients who consent to participate will be asked to complete the Mood Disorder Questionnaire and a general health questionnaire. They will also be interviewed by a researcher using a standardized research psychiatric interview.

Participants will have the option of finding out the outcome of their research assessment. In this case the researchers would send the GP a letter indicating the research diagnosis. Participants can then discuss this with their GP.

Who is organizing the study?

The PAPPA Study has been funded by the National Institute for Health Research, Research for Patient Benefit (RfPB) programme. The research team is based at Leeds Partnerships Foundation Trust and the University of Leeds. The Chief Investigator is **Dr. Tom Hughes**, (pictured above).

For further information regarding this study please contact the PAPPA Study team:

Federica Marino-Francis, Project Manager
(Email: f.marino-francis@leeds.ac.uk)
Tel: 0113 343 2705

Imogen Featherstone, Research Assistant
(Email: i.featherstone@leeds.ac.uk)
Tel: 0113 343 0840

Lucas Coulson, PAPPA Research Assistant

Yorkshire Centre for Eating Disorders

Improving Care for People with severe Anorexia Nervosa

In the past twelve months we have continued to develop our National Institute for Health Research portfolio research.

We have been one of the UK's top 3 of 12 recruiting sites for CASIS (NIHR portfolio research project ID Number 4923), a pragmatic trial of a new intervention to enhance therapeutic skills of carers of people with eating disorders (CASIS). Now the national infrastructure created by CASIS has permitted new Portfolio research, and Dr Morgan is one of the applicants for the extension of this project, 'Improving Care for People with severe Anorexia Nervosa' (reference number RP-PG-1209-10092). The grant application has been successful in the first stage.

We have continued to develop an infrastructure for enhanced risk management in eating disorders, based on analyses of deaths in the UK. We have achieved participation from the Royal College of Psychiatrists, BEAT (the principle user and carer representative agency in the UK) and the National Patient Safety Agency. The NPSA have proposed that the study 'piggyback' onto the existing National Confidential Enquiry into Homicides and Suicides, suggesting a selective retrospective review of deaths held by National Confidential Enquiry into Homicides and Suicides. Grant applications are intended to support this work.

Finally, we have joined the research team for iMANTRA-R, an Internet-based relapse prevention programme for in-patients with Anorexia Nervosa (UK CRN ID 5316) and are currently recruiting to that study.

john.morgan2@nhs.net



Trust Re-branding Executive Summary

Leeds Partnerships NHS Foundation Trust is currently undertaking a strategy review and a rebranding exercise. Using secondary sources, this consultancy project aimed to provide Leeds Partnerships NHS Foundation Trust with key recommendations as to how and when to test the effectiveness of the rebranding exercise.

In addition, a specific issue to be addressed by the project was to use the literature review to establish whether there was evidence to suggest that purchasers take into account a brand associated with good quality health care when making purchasing decisions.

The consultancy project was limited in scope due to the lack of literature found both in the area of evaluation of rebranding and that related to the branding of services. The literature that

was found had a commercial focus: little material was found on marketing and branding relating to the NHS.

As a result of these limitations, the project was unable to deliver the desired aims and objectives in their entirety. However, the consultant was able to draw parallels with the literature available and make general recommendations to Leeds Partnerships NHS Foundation Trust.

Louise Daddy
Head of Contracting

louise.daddy@nhs.net

improving health, improving lives

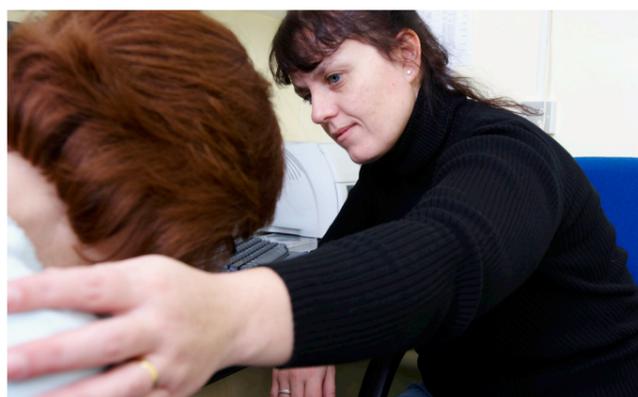




Women's Therapy Service

A summary of long-term follow-up

The Women's Counselling and Therapy Service (WCTS) is a Leeds-based charity offering individual and group therapy to women with moderate to severe and long-standing mental health problems. With the help of Leeds PFT the service has collected data from former clients after the end of therapy – an interval varying between 18 and 24 months – to explore the extent to which therapeutic gains hold over time.



Aims

The aims of this evaluation were:

- To determine the overall level of change in clinical outcomes, assessed by the CORE-OM, of clients treated by WCTS which is sustained after the therapy has ended
- To compare the outcomes found by the CORE-OM with clients' perceived changes in various areas of the clients' lives assessed using a self report questionnaire developed by WCTS.

Method

Clients who completed therapy at WCTS between 1st April 2006 and 31st March 2008 were given the CORE-OM before therapy and after therapy as part of their routine clinical care. Clients were then approached after therapy to ask if they would be happy to complete a follow-up CORE-OM and a feedback questionnaire to provide information on perceived changes in their personal and professional life and on contact with medical and mental health services since the end of their therapy.

In October 2008, 31% of clients (i.e. 25 out of 79 clients) agreed to provide further information and returned the additional measures, and in October 2009 20% did so (i.e. 19 out of 94 clients).

The first group (Group 1) finished their therapy between 1st April 2006 and 31st March 2007, and consisted of 25 women with a mean age of 40 years (range = 26 to 61 years). The second group (Group 2) ended their therapy between 1st April 2007 and 31st March 2008, and consisted of 19 clients with a mean age of 37 years (range = 26 to 58 years).

The results reveal that numbers of clients producing scores in the 'Severe', 'Moderately Severe' and 'Moderate' bands decreased from pre-therapy to follow-up. At the pre-therapy stage 53% of the clients were banded in the 'severe' and 'moderately severe' categories, dropping to 23% at end of therapy and 21% at follow-up. At the beginning of therapy, 12% of clients scored below the cut off (i.e. in the 'low level' and 'healthy' range), but this rose to 53% post-therapy and 57% at the follow-up.

In Group 1 the proportion of clients in the non clinical range grew from 16% at the pre-therapy stage to 60% at follow up. In Group 2, the proportion in the non clinical population increased from 21% pre therapy to 79% post therapy.

Overall the results indicate the number of clients in the clinical population decreased from 82% (pre-therapy) to 32% (post therapy). At the follow up stage 68% of clients achieved scores that were consistent with those of a non-clinical population.

Conclusion

The findings indicate that the 48% of clients in Group 1 and 68% of clients in Group 2 achieved 'reliable and significant change' on the CORE-OM. This compares favourably with published studies that demonstrate a 40% rate of reliable and significant change in non-selected clinical populations (e.g. Paley, Cahill, Barkham, Shapiro, Jones, Patrick and Reid, 2008).

The data used to generate the present findings only represent a sample of clients from WCTS (i.e. 31% of the first year group and 20% of the second group). In future it may be worthwhile considering asking all clients to complete follow-up outcome measures in addition to the pre- and post- therapy measures to ensure results are representative.

Lavinia Lubbock,

Director, WCTS

For the full report see www.womenstherapyleeds.org.uk



Impact of the Awareness Training

For staff who provide services for people with personality disorder

ABSTRACT

Background

This service evaluation project was focused on evaluating the perceived impact of the awareness-raising training "Understanding PD" which has been delivered to staff working with PD populations over the 18 months period between October 2007 and March 2009. The course was offered on a free basis to the following groups: NHS and social services mental health staff (qualified and non-qualified); voluntary sector and accommodation staff; National offenders Management Services (NOMS) staff. The course was available to staff from all agencies across the Yorkshire and Humber region.

PD is a kind of problem that causes distress and difficulties not only in a person's functioning, but also to those around them including those who care for them (Murphy & McVey, 2010). Working with service users with PD can be very draining and it may feel very isolating as no one wants to work with this population group (Cleary, Siegfried & Walter, 2002). There is also a lot of stigma and assumptions about unsuccessful interventions in this area (Husband & Duggan, 2007).

Context

The need for coordinated training in the management of PD is now firmly established following publication of policy implementation guidance for the development of services for people with such disorders (Greatbatch, Lewis, Owen, Tolley and Willmut, 2006; DoH, 2003; DoH, 2008). Training was designed to be provided over a period of time anticipated for the development of a Knowledge and Understanding Framework (KUF) focusing specifically on PD (DoH and MoJ, 2009). The KUF training has been developed since and is being delivered across the country since April 2010. It uses the same theoretical framework of working with PDs (Livesey, 2003), but in a much more detailed manner and focuses on developing real life skills along with providing theoretical background and practical intervention models.

Conclusions and Recommendations

Both quantitative and qualitative data suggest that the impact of the awareness training have been significant on many levels and dimensions. While it would be easy to conclude that the impact was overall positive and lasting we must remember that the sample size is small. Furthermore the sample was self-selected therefore the conclusions are open to bias. The results do suggest

that the awareness raising course had a very positive impact and based on the feedback provided the commissioners can be assured that the aims and objectives of the course has been met and maintained over time at least for those participants who responded to the survey.

It has been recognised that organisational changes are needed in general to maintain the impact of training and unless the changes in staff knowledge, attitudes and behaviour are supported by the organisation they work in, they are unlikely to be maintained over time (Harper, 1994). Interestingly, attendees seemed to particularly enjoy and appreciate networking and experience sharing opportunities, therefore offering some kind of "booster-session" few months post training could be an opportunity to discuss and further assess the changes in practice and attitude due to training. It would also be a good incentive for people to maintain their new attitudes and skills and prevent initiative decay (Buchanan, Clayton & Doyle, 1999).

Kamila Hortynska – DCLinPsychol Trainee & Dr Jo Ramsden – Clinical Psychologist.
Personality Disorder Clinical Network (PDCN) and the Pathway Development Service (PDS)
Unity Court, Leeds



White Rose

Learning Events Programme – 2011



The NIHR Research Design Service for Yorkshire & the Humber

The NIHR Research Design Service for Yorkshire & the Humber offers a programme of Learning Events which are FREE to NHS researchers and others working in partnership with the NHS within the Yorkshire and Humber region. These events are aimed at researchers who are developing applications to suitable funding bodies, particularly Research for Patient Benefit (RfPB) and other NIHR Research Programmes.

Date	Event	Venue
08 April 2011	Making Successful Applications to the Research for Patient Benefit (RfPB) Programme (B)	Bradford
12 April 2011	Developing a Successful Qualitative Systematic Review Proposal	Sheffield
17 May 2011	Quantitative Research to Evaluate Interventions and Services (L)	Leeds
07 June 2011	Searching the Literature and Managing References for your Research Bid (L)	Leeds
23 June 2011	Developing a Proposal for a Systematic Review (S)	Sheffield
23 June 2011	Making Successful Applications to the Research for Patient Benefit (RfPB) Programme (Y)	York
05 July 2011	Quantitative Research to Evaluate Interventions and Services (S)	Sheffield
11 July 2011	Patient and Public Involvement in Research Design and Developing Grant Applications (S)	Sheffield
06 September 2011	Making Successful Applications to the Research for Patient Benefit (RfPB) Programme (S)	Sheffield
13 September 2011	Searching the Literature and Managing References for your Research Bid (S)	Sheffield

How to book

Further information and an online booking form can be found on our website - <http://www.rds-yh.nihr.ac.uk/learning-events.aspx>

For further information contact

Sally Greenhough - The NIHR RDS for Yorkshire & the Humber
The University of Sheffield, School of Health and Related Research (SchARR)
Regent Court, 30 Regent Street, Sheffield S1 4DA
E: rds-yh@sheffield.ac.uk
T: 0114 222 0777

Data Analysis for Research 2-day course

Date: Mon 23rd and Tues 24th June 2011
Time: 9.45am - 4.15pm
Venue: Huddersfield Royal Infirmary
Acre St, Lindley
Huddersfield, HD3 3EA
Book by: 16th May 2011

This 2-day course on Data Analysis is designed to give participants an overview of basic statistics and analysis of data that is most commonly used within research practices and other areas of health care. It will focus on key elements of both qualitative and quantitative data analysis. This course is aimed at those currently doing research, intending to do research or those with research interests and therefore assumes participants will be familiar with some research and statistical terminology.

Course Overview:

- To introduce summary statistics and methods of calculation
- Understand the importance of organising and presenting data
- To introduce a framework for choosing the appropriate statistical test
- To introduce confidence limits and p values and their interpretation
- To understand how SPSS can be utilized in analyzing quantitative research data
- To introduce qualitative research principles
- Introduce key elements of interviewing techniques and focus groups

For more information please contact the course leader Asifa Ali or to reserve a place contact Leslie Argyle on **01484 347007** or email: R&D@cht.nhs.uk

A flyer and booking form are available on our website:
<http://www.wyrdconsortium.nhs.uk/>

Attendance is free to all staff within Yorkshire & the Humber SHA organisations.



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:

Susan Moore

Research Governance Administrator/PA
West Yorkshire Mental Health and Learning Disabilities Research
Partnership
North Wing
St Mary's House
St Martin's View
Leeds
LS7 3LA
T: 0113 295 2387
E: susan.moore13@nhs.net

Alison Thompson

Head of Research and Development.
West Yorkshire Mental Health and Learning Disabilities Research
Partnership
North Wing
St Mary's House
St Martin's View
Leeds
LS7 3LA
T: 0113 295 2360
E: a.thompson11@nhs.net

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.crnc.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.crnc.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.

West Yorkshire

08/04/2011 New Mill, Victoria Road, Saltaire BD18 3LD
07/04/2011 St James's Hospital, Beckett Street, Leeds LS9 7TF
30/06/2011 St James's Hospital, Beckett Street, Leeds LS9 7TF