



Innovation

Research and Development Newsletter

The PCI Study - Sharon Prince

Principle Investigator
(pictured right)

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Completed Projects

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



Innovation Issue 9 Spring 2012

A word from the Editor

I have enjoyed the pleasure of seeing several spectacular breaking dawns recently – a horizon bursting with rapid change and colour. Just as the canvas of a sunrise or sunset changes, so too are there a variety of new beginnings and endings in research and innovation locally and across the NHS.

This issue of Innovation:

- introduces you to new research staff supporting nationally funded high quality studies
- contains a summary of our fully booked R&D Forum event held in November 2011
- describes the Change Drinking project and the creation of www.changedrinking.com
- includes information about two studies that look at genetics and mental health
- gives detail about a project for people with personality disorders where services have difficulty engaging and retaining clients in therapy. The Personal Concerns Inventory (PCI) is designed to improve clients' engagement and retention in treatment and LPFT is part of a feasibility study for further research on PCI
- explains changes to simplify and speed up the process of ethical approval for research
- provides opportunities for you to access training available via library services and for Good Clinical Practice (GCP) in research
- gives you the results of four recently completed projects

We are looking forward to two key York-based researchers joining the Trust from 1st February. Dr Barry Wright and Professor Simon Gilbody have well developed research portfolios in the field of mental health. See <http://www.hyms.ac.uk/research/mental-health.aspx> for details. We also welcome the opportunity to work with other York region colleagues involved in, or wishing to commence, research projects.

The R&D department is here to advise you and support your research and offer opportunities for you to be involved in research. Do visit us on staffnet or via the LPFT website <http://www.leedspft.nhs.uk/professionals/RDC>. Our aim is to improve health and improve lives through service evaluation and research.

Research staff changes

Alix Smith has successfully recruited over 80 teenagers and their families to participate in the research study START (Systemic Therapy for At Risk Teens). This study looks at the effectiveness of a new intervention

(Multisystemic Therapy, MST) for young people and their families who are experiencing difficulties at home, at school and sometimes with the law. This way of helping young people and their families is new to the UK and is being compared with the current services on offer. There remain three follow up visits for each of the 80+ families (at 6, 12 and 18 months after their first visit from Alix). These follow ups involve an assessment of how the young person and family are getting on. Alix commenced maternity leave in early January 2012 and we wish her and her husband all the best for the birth of their first child and as they embark on parenthood.

Alix's work is being covered by Gemma Antoniak (currently working on the START team, based at the University of Leeds, who will do one extra day per week), Cheri Fletcher, Research Assistant, LPFT (half a day a week) and new appointment Kyla Pennington. I am delighted to welcome Kyla, who also works in LPFT as an intern psychologist, to the R&D team. She is an experienced researcher, bringing valuable skills to the three day a week role until Alix returns in October 2012.

Vishal Sharma, also an intern psychologist, is another welcome new team member. His combination of knowledge and skills in information technology and psychology will be extremely useful in managing and processing data associated with START, PAPPa (the prevalence and importance of unrecognised bipolar disorder among patients prescribed antidepressant medication in UK General Practice) and other National Institute for Health Research (NIHR) portfolio studies being conducted in LPFT.

For further information on START see <http://www.ucl.ac.uk/start/> or PAPPa see <http://www.leeds.ac.uk/hsphr/research/AUPBS/pappa.html> or contact Dr Tom Hughes



Research & Development Forum

17 November 2011

This year's R&D Forum was held at Wheeler Hall in the centre of Leeds on the 17th November chaired by Alison Thompson, Head of Research & Innovation.

Over fifty delegates from Leeds Partnerships NHS Foundation enjoyed talks from David Cottrell, Dean of Medicine from the University of Leeds, Simon Gilbody, Professor of Psychological Medicine and Health Service Research from the University of York, Tom Hughes, Consultant Psychiatrist, LPFT and Graham Paley, Nurse Psychotherapist, LPFT.

Information stands were provided by the West Yorkshire Comprehensive Local Research Network (WYCLRN), North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network, North East Hub of the Mental Health Research Network, Yorkshire and Humber Research and Design Service, National Institute of Health Research Trainees Co-ordinating Centre, Library and Knowledge Services (LPFT) and Medipex. Thanks to WYCLRN for generously funding the event.

A total of 21 of posters, were displayed from both LPFT staff and staff located in the North York area, who will be joining us early next year. The two prize winners were 'Outcomes of Care Co-ordination in the Leeds Personality Disorder Managed Clinical Network', Marta Polancec, Jane Zhao O'Brien and Sharon Prince from Leeds PFT and 'A Pilot Trial of computerised CBT for depression in adolescents', Lucy Tindall, Barry Wright, Simon Gilbody, David Torgerson, Joy Adamson, Christine Godfrey, Steven Grigg, Chris Williams, Paul Abeles and Danielle Moore from Lime Trees CAMHS, University of York and the Manchester Children's Hospital.

David Cottrell opened with "What's the point of research, we are here to treat patients?" He began by stating that Trusts who participate in research may actually achieve better outcomes for their patients. As a core business of the NHS, research and service improvement should be in every staff member's work plan. With the creation of the National Institute of Health Research and a budget just shy of one billion pounds, health orientated research has been identified as an economic driver for UK plc. David continued to discuss the START (Systemic Therapy for At-Risk Teens) project which is a multi-centre trial of Multi-Systemic Therapy (MST). Initially developed in North America, funded by central government it is intended to inform policy makers, commissioners and professionals about the potential of MST in the United Kingdom.

Simon Gilbody followed. Simon leads the successful York Mental Health Research Group, within the Hull York Medical School based at York University. Simon presented "Trials for common problems in mental health: building networks and answering policy-driven questions for the NHS" informing the audience on the REEACT study (Randomised Evaluation of Effectiveness and Acceptability of Computerised Therapy). The study looks at replacing therapist appointments with computer based therapies and increasing

availability through web-based access which is intended to increase service user compliance. Light heartedly using the Jaws series of films the forum were introduced to REEACT 2 and REEACT 3 but the fourth instalment "REEACT: the revenge" wasn't mentioned. We look forward to working more closely with Simon and his team next year with the addition of the North Yorkshire services into LYPFT.

A short refreshment break allowed delegates the chance to view the posters and visit the information stands around the hall.

The second session was opened by Tom Hughes; "Unrecognised bipolar disorder in primary care". Tom is the clinical lead for NIHR funded research based within LPFT and the University of Leeds but recruits participants and clinicians over the entire West Yorkshire region. Using the 'flawless' link between St Georges Hall, Liverpool and research, Tom also highlighted the possible pit-falls of research and the requirement to be aware of.

The forum was closed by Graham Paley "How can routine clinical work put some of the 'D' into R&D". Graham's talk emphasised that routine evaluation is key to identifying and instigating improvements in day to day practice. Routine evaluation can also identify areas where research projects can be used to document and disseminate the benefits of these improvements to wider audiences.



L to R, Simon Gilbody, Tom Hughes, Graham Paley, David Cottrell and Alison Thompson

Positive feedback was received from the evaluation forms and the R&D team would like to thank the speakers, funder (WYCLRN), poster presenters, information stall holders and the delegates.

See pages 4 and 5 for the winning posters. The speakers' presentations and a list of the posters can be found on staffnet under Professional Groups/Research & Development.

The R&D department hope to see you and your colleagues at any future events.

James Hughes james.hughes4@nhs.net

A Pilot Trial of computerised CBT for depression in adolescents

Lucy Tindall¹, Barry Wright¹, Simon Gilbody², David Torgerson², Joy Adamson², Christine Godfrey², Steven Grigg⁴, Chris Williams¹, Paul Abeles³, Danielle Moore¹



Background

The prevalence of depression in adolescents is around 2% per year (1). Regarding treatments, studies have highlighted negative outcomes in relation to medication use including poor efficacy (1) and high side effect profiles (2, 3) when used with adolescents. Conversely, reviews of CBT in adolescent depression show it as effective in improving mood, achieving remission (4) and even preventing depression in high risk groups (5). Given the affinity young people generally have with information technology, it has been suggested that a computerised CBT may be an effective method of assisting adolescents with depression.

Objectives

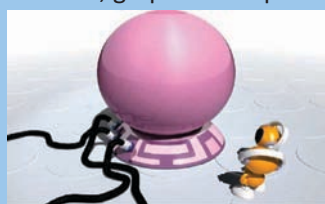
(1) Conduct a pilot and feasibility trial to establish the acceptability of cCBT treatment for adolescent depression; (2) Obtain qualitative information about recruitment, acceptability and satisfaction with the cCBT programme

Inclusion criteria

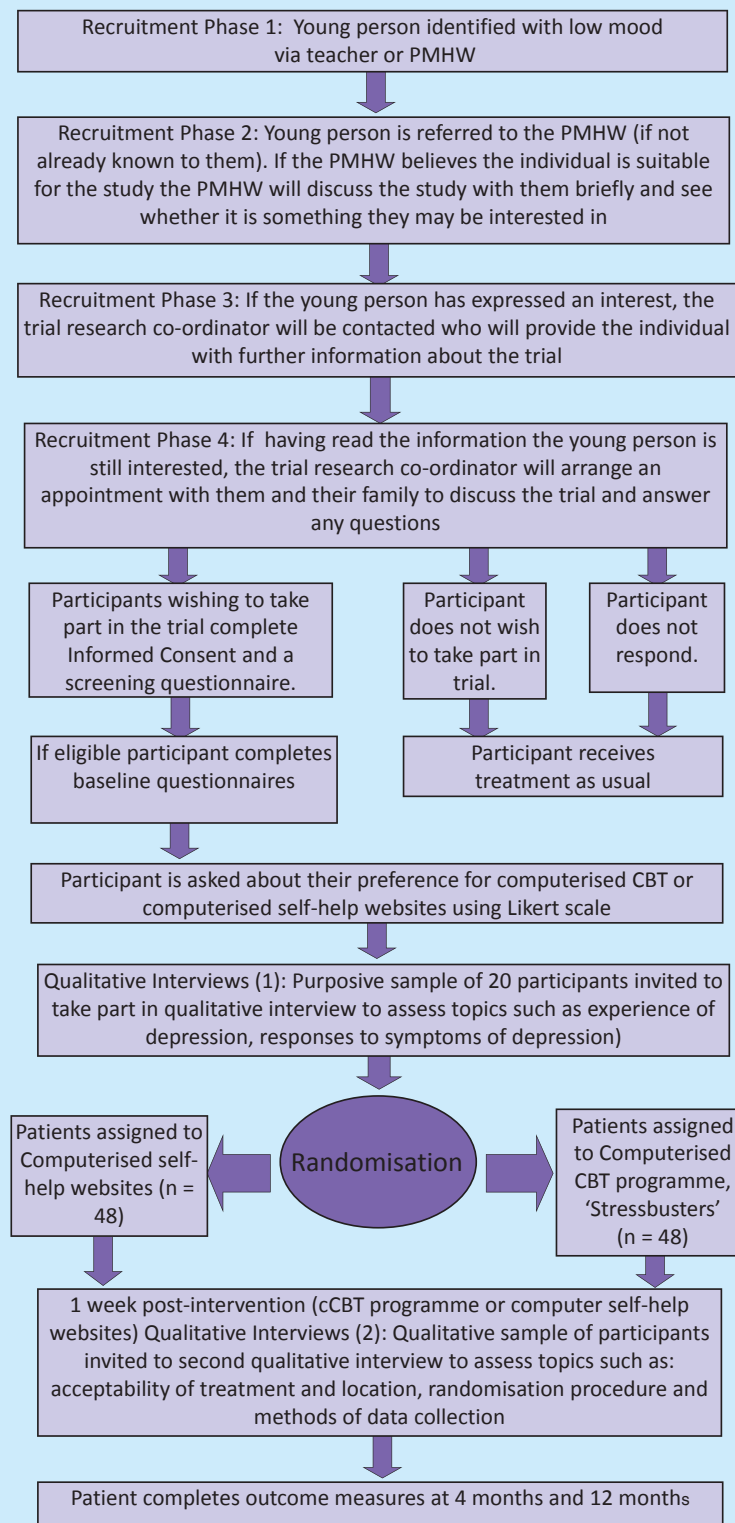
Adolescent participants aged 12 to 18 with low mood as defined by a score of ≥ 20 but below 24 on the Mood and Feelings Questionnaire (anything above is deemed to need further assessment).

Intervention

The cCBT programme used for this intervention is 'Stressbusters', an 8 week programme aimed at 12 to 18 years olds with low mood or depression. Each Stressbusters session is an interactive presentation featuring narration synchronised with videos, animations, graphics and printouts.



This pilot study will produce important research evidence which will inform the care of young people in the UK NHS. In addition, the successful endpoint of this research will be an application for a full powered definitive RCT funded by a major NIHR/MRC trial funding scheme.



1-Lime Trees CAMHS, North Yorkshire and York PCT; 2-Department of Health Sciences, University of York 3-Manchester Children's Hospital NHS Trust 4-City of York Council



Outcomes for Care Co-ordination in the Leeds Personality Disorder Managed Clinical Network

Authors : Marta Polancec, Assistant Psychologist ; Jane Zhao O'Brien, Assistant Psychologist; Sharon Prince, Consultant Clinical Psychologist

Introduction

The Leeds Personality Disorder Managed Clinical Network ("the Network") is a city wide multiagency and multidisciplinary service for people with a diagnosis of, or presentation consistent with, personality disorder, complex needs and significant risk issues.

Amongst the Network's services is care co-ordination, which comprises individual clinical case management for up to 100 weeks. It aims to develop collaborative relationships with service users as a means of identifying and meeting mental health and social care needs. Care co-ordinators support service users to engage in a range of psycho-social interventions and activities aimed at developing self-management skills, reducing distress and improving quality of life. Effective care co-ordination should facilitate access for individual service users to the full range of community support they need to promote recovery and community integration.

Outcome measures

The Network uses standardised outcome measures to monitor the progress of its care co-ordinated clients and evaluate the effectiveness of care co-ordination. The measures selected assess domains which are indicators of personality disorder, as identified by the Department of Health.

Table 1: Outcome measures used in Network care co-ordination

	Clinical Outcomes in Routine Evaluation (CORE-OM) (Evans et al, 2000)	Inventory of Interpersonal Problems (Barkham et al, 1996)
Format	34 item self report questionnaire	42 item self report questionnaire
Assesses	Current psychological distress	Interpersonal functioning
What it measures	4 domains: (1) Subjective wellbeing (2) Problems/symptoms (3) Life/social functioning (4) Risk to self and others Overall average score indicating current level of global psychological distress	8 factors grouped into 4 dimensions: (1) Competition – hard to be assertive v too aggressive (2) Socialising – hard to be sociable v too caring (3) Nurturance – hard to be supportive v too open (4) Independence – hard to be involved v too dependent Score relating to overall interpersonal functioning 10 items categorising respondent's attachment style
Scoring	Scale of 1 to 4: the higher the score, the greater the difficulties	Scale of 1 to 4: the higher the score, the greater the difficulties

The Network introduced outcome measures for care co-ordination in 2007 and they have been systematically administered since 2009. It has now collected pre- and post-treatment data from enough clients to permit a preliminary analysis of the effectiveness of Network care co-ordination as a model of treatment.

Aims

To investigate whether clients reported reduced psychological distress and improved interpersonal functioning at the end of Network care co-ordination compared with at the beginning.

Method

Study design

This study used a one group pre-test post-test design.

Participants

Sample comprised 18 service users who were discharged from care co-ordination between 2008 and March 2011. 7 out of the 11 service users discharged in the period April 2009 to March 2010 provided pre- and post-treatment scores (the remaining 4 declined to complete measures). 9 out of the 10 service users discharged in the period April 2010 to March 2011 provided pre- and post-treatment scores (one service user sadly died during her period of care co-ordination). The other two service users included in the sample were discharged in 2008 in the period before the collection of outcome measures became systematic.

Procedure

Participants completed the CORE-OM and IIP-42 at the beginning of their period of care co-ordination and again shortly before discharge.

Acknowledgments

Thanks to the service users who provided outcomes data and to the Network's care co-ordinators.

References

- Barkham M, Hardy GE & Startup, M. The IIP-32: A short version of the Inventory of Interpersonal Problems. British Journal of Clinical Psychology (1996); 35, 21-35.
- Cohen, J. A power primer. Psychological Bulletin (1992); 112, 155-159
- Evans C, Mellor-Clark J, Margison F, Barkham M, Audin K, Connell J & McGrath G. CORE – Clinical Outcomes in Routine Evaluation. Journal of Mental Health (2000); 9, 3, 247-255.
- Jacobson NS & Truax P. Clinical Significance: A Statistical Approach to Defining Meaningful Change in Psychotherapy Research. Journal of Consulting and Clinical Psychology (1991); 59, 1, 12-19.

Results

- Comparison of mean scores before and after care co-ordination shows improvement across all domains of CORE-OM and interpersonal functioning (IIP-42) (Figure 1).
- However, significance testing using related t-tests indicated that none of the improvements were statistically significant at the level $p < .05$. Difference in mean scores for Wellbeing pre- and post-treatment approached significance ($t(15) = 1.96$, $p = .069$).
- Cohen's d observed within subjects effect sizes (Cohen, 1992) were all in the small range, although those relating to Wellbeing and Interpersonal Functioning approached a medium effect size (Table 2)

Figure 1: CORE-OM and IIP-42 mean scores pre- and post- care co-ordination

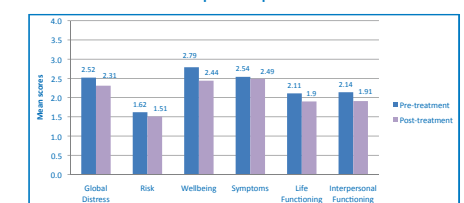
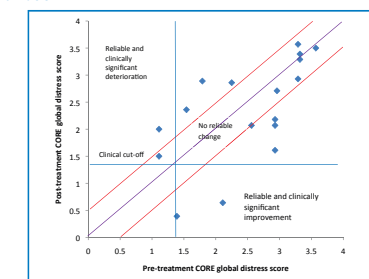


Table 2: CORE-OM and IIP-42 mean scores pre- and post- care co-ordination and observed effect sizes

Domain (number of participants providing data)	Pre-treatment mean score (sd)	Post-treatment mean score (sd)	Effect size (Cohen's d)
Global distress (N=18)	2.52 (0.82)	2.31 (0.93)	0.26
Risk (N=16)	1.62 (0.90)	1.51 (1.04)	0.09
Wellbeing (N=16)	2.79 (1.13)	2.44 (1.13)	0.49
Symptoms (N=16)	2.54 (0.93)	2.49 (1.04)	0.04
Life functioning (N=16)	2.11 (0.89)	1.90 (0.91)	0.26
Interpersonal functioning (N=15)	2.14 (0.43)	1.91 (0.57)	0.40

- For each of the 18 participants, pre- and post-treatment CORE-OM Global Distress scores were compared to determine reliable and clinically significant change (Jacobson and Truax, 1991)
- Two service users demonstrated clinically significant change with post- treatment scores falling within the non-clinical population.
- A further four service users demonstrated reliable change indicating that post-treatment scores exceeded by chance alone or measurement error.

Figure 2: Scatterplot showing clinical and reliable change for CORE-OM Global Distress scores pre and post care co-ordination



Discussion

This preliminary study has produced some encouraging results with improvements being observed across all the domains of psychological distress and interpersonal functioning measured. It is notable that one third of the sample showed reliable improvement in their level of global psychological distress following care co-ordination. Of these, two clients improved to such an extent that they were no longer within the clinical population upon discharge. It should also be noted that a fifth of the service users completing the CORE-OM showed increased levels of distress following care co-ordination. However, this finding may in part be attributable to the timing of the post-treatment measures, which are completed shortly before discharge, a difficult and anxiety-provoking time for many service users. For service users with personality disorders, discharge is a particularly emotive issue triggering fundamental anxieties about abandonment and rejection. The service should consider collecting follow-up/post-discharge measures.

Systems for administering outcome measures are now well established and in the last year data has been collected from all service users discharged from care co-ordination (save for one where circumstances did not permit). Outcome data from care co-ordinated clients discharged from now on will in due course be added to the existing data to give a larger sample and permit more robust statistical analysis. Nevertheless, the results obtained to date indicate that Network care co-ordination can have a positive impact.

Limitations of the study include the very small sample size which may, in part, account for the lack of statistical significance.

The PCI study opens in Leeds PFT

What is the PCI?

Services for people with personality disorders have difficulty engaging and retaining clients in therapy. The problems with which they require help often militate against engagement in and persistence with therapy. These problems include impulsiveness, emotional dysregulation, and interpersonal difficulties. In a nationwide study of community treatment services for people with personality disorders two-thirds dropped out of treatment (Imperial College, 2007). High non-completion rates reduce cost-efficiency, but more worrying is that drop-out may be associated with negative outcomes for clients (McMurrin & Theodosi, 2007). Efforts need to be made to engage people with personality disorder in therapy. One promising approach that assists the therapist to motivate people to engage in therapy and effect positive change is based upon goals.

The Personal Concerns Inventory (PCI) is designed to improve clients' engagement and retention in treatment. It will do this by helping people realise that therapy can help towards attaining important goals in life. The overall aim of the research is to gather information that will determine whether a randomised controlled trial (RCT) to evaluate the effectiveness of this goal-based motivational intervention is feasible in a community personality disorder treatment service.

Leeds Partnerships NHS Foundation Trust offers an outpatient service to people with personality disorder/difficulties. This service offers group work programmes comprising of three distinct models: (1) – 1 day a week therapeutic community, (2) an occupational programme and (3) Dialectical Behavioural Therapy (DBT) informed skills training. Accepted referrals to the community personality disorder services will be eligible

for inclusion. After consenting to participate in the study, participants will be randomly allocated to one of two conditions: a) a goal-based motivational interview plus treatment as usual or b) treatment as usual only.

What are the aims of this project?

- Measure the recruitment rate to the two conditions: a) a goal-based motivational interview plus treatment as usual and b) treatment as usual only.
- Assess the acceptability of the intervention to clients and the services' mental health professionals by interviewing them about their experiences.
- Examine differences between groups on treatment engagement and retention, which will tell us the numbers needed in a full-scale RCT.
- Assess the processes by which the intervention may have an effect.
- Calculate the cost of the intervention compared to treatment as usual.

Who is running the PCI study?

The PCI study is being conducted by Sharon Prince based within the Leeds Personality Disorder Managed Clinical Network, in collaboration with members of the Institute of Mental Health, University of Nottingham and Nottinghamshire Healthcare NHS Trust. The project is supported by NIHR Research for Patient Benefit Programme.

For further information regarding this study please contact:

Nicola Gill, Research Assistant,
Leeds Partnerships NHS Foundation Trust
Email: nicolagill1@nhs.net or researchinnovation.lpft@nhs.net



Re-entering the community following discharge from a low secure forensic unit

Exploring the experiences of service users re-entering the community following discharge from a low secure forensic unit



Low secure forensic services have been identified as a common interface between inpatient care and care in the community. However, to date, no research has specifically explored the lived experience of discharge from such units. The present study aimed to address this by using Interpretative Phenomenological Analysis (IPA) to explore experience and sense making around community adjustment up to a year after

discharge from two low secure forensic units in West Yorkshire. Theories of change, transition and identity, which were identified as potentially relevant to understanding the adjustment experience were incorporated into semi-structured interview schedule, which was used to interview six people about their experiences. Three key findings emerged from the study. First, adjustment was characterised by both change and continuity. While to some extent participants were able to disengage from an inpatient role granted on the units, which were characterised by the loss of autonomy and identity, in other ways they remained changed by their experiences and struggled to move towards a preferred identity or towards valued life goals following discharge. Secondly, ambivalence existed between participants seeing adjustment as a personal journey whilst simultaneously feeling internal and external pressure to strive for 'normalcy'. Finally, in addition to presenting an adjustment challenge, discharge for many represented the first opportunity to work towards recovery, heightened the magnitude of the discharge experience. These findings have been discussed in relation to pertinent theories of identity and change. On the basis of the findings, recommendations have been made, including maximising retention of autonomy and valued aspects of service users' identities during inpatient care and ensuring service users are at the centre of discharge planning to facilitate the adjustment process. In the context of these findings, further directions for clinical practice are discussed.

Sophie Louise Horrobin Burgess
Email: sophie_burgess@hotmail.com

WYCLRN Office Move week commencing 9th January 2012

The West Yorkshire Comprehensive Local Research Network will be moving office the week commencing 9th January 2012.

New Office Address as of Monday 16th January 2012

WYCLRN

34 Hyde Terrace, Leeds, West Yorkshire, LS2 9LN

For all telephone calls continue to use the numbers you currently have. All calls will be diverted until the new phone lines are set up. E-mail addresses remain the same eg xxx@wyclrn.org.uk

Apologies for any delays in communications during this period, we will attempt to resume full service as soon as possible.



Autism spectrum disorders an early intervention in psychosis team

The comorbidity of psychosis and autism spectrum disorder (ASD) is an under-researched area. This study was a cross sectional survey of the prevalence of ASD in an early intervention in psychosis team based in Leeds.

The study consisted of three phases:

1) Screening – All clients being care co-ordinated by Aspire as of May 2010 were screened using the autism spectrum disorder in adults screening questionnaire (ASDASQ). Thirty patients screened positive (out of a case load of 197).

2) Case note review – The case notes of patients who screened positive were reviewed for information relevant to ASD. Four patients were identified who already a diagnosis of ASD had made by CAMHS

services. Thirteen were excluded as unlikely to have ASD (e.g. on the basis of evidence of premorbid good social functioning).

3) Interviews – The remaining thirteen patients were approached to participate. Two declines, one moved out of the area. One was deemed too unstable in mental state to take part. Nine were interviewed; at interview four were diagnosed with ASD.

Results: The results of the study showed a prevalence rate of ASD in this population of at least 4.1%. Clinicians working in early intervention teams need to be alert to the possibility of ASD when assessing patients.

Dr Conor Davidson, conor.davidson@nhs.net

Meet our staff

Biographies of some of our staff



I am Keeley Rolling, a new research assistant working within Leeds Partnerships NHS Foundation Trust. As part of this, I will be contributing to a number of National Institute for Health Research portfolio studies, such as PAPP, with a view to promote mental health research and increase participant recruitment.

My academic background is within Psychology. I graduated from the University of Huddersfield with a BSc Psychology degree and have more recently completed a MRes Psychological Research Methods degree from Sheffield Hallam University, in which I explored familial experiences of deliberate self-harm.

On the completion of my postgraduate degree I worked as an assistant psychologist in a child and adolescent mental health service. My primary role was to implement the CAMHS Outcomes Research Consortium (CORC) project across Tier 4 specialist services and undertake therapeutic activities with young people.

Keeley Rolling

Tel: 0113 2952634 Email: keeley.rolling@nhs.net



I am Cheri Fletcher, a newly appointed Research Assistant with the Research and Development team as part of the West Yorkshire Mental Health and Learning Disabilities Research Partnership and Leeds Partnerships NHS Foundation Trust.

I am a Psychology with Counselling graduate from University of Huddersfield with aspirations to develop a career in Clinical Psychology.

My current role involves liaising with research teams in regards to portfolio studies, and assisting with the recruitment of potential participants, particularly with the ongoing ADD study. Prior to becoming a Research Assistant in Leeds I worked as an Assistant Psychologist with Adult Mental Health and Learning Disabilities in North Staffordshire which has provided me with an array of clinical and research skills, and have worked with a variety of people within mental health services. Throughout this role, I have recognised the importance of evidence-based practice, highlighting how beneficial research can be for the services we provide.

I also have volunteered at ChildLine and Place2Be, both charity organisations that provide free emotional support to children and adolescents.

Cheri Fletcher Tel: 0113 2952634 Email: cheri.fletcher@nhs.net



My name is Alice Locker and I have recently started with Leeds Partnerships NHS Foundation Trust (LPFT) as Clinical Studies Officer.

My role involves supporting National Institute of Health Research portfolio studies. This involves increasing the number of staff and service users and carers that are involved in NIHR portfolio research within the Trust. I am also responsible for identifying new research projects and providing support to teams to minimise additional work. I am also currently working on the PAPP study ('The prevalence and importance of unrecognised bipolar disorder in primary care'), interviewing participants.

Before joining LPFT I worked as a researcher with the University of Bradford. I project managed a study looking at the relationship between leadership, teamwork, and service user outcomes. As part of this I interviewed team leaders of community mental health teams across Yorkshire and the Humber region. Prior to this role, I worked as an occupational psychologist working on a variety of research and consultancy projects.

Alice Locker Tel: 0113 2952441 Email: alice.locker@nhs.net



I am Nic Gill, one of the new Research Assistants within the Research & Development Team. I am a Psychology graduate from Lancaster University and I am hoping to pursue a career in Clinical Psychology.

Following my degree, I worked as an Assistant Psychologist within the Older Adults Psychology Service in Lincolnshire, where I enjoyed going out and meeting clients and their families in their homes. My role here involved completing cognitive screenings and working therapeutically with clients. I then worked as an Assistant Psychologist in Stoke-on-Trent within the Neuropsychology, Physical Health & Older Adults Psychology Team. I got to do a range of work within this team including neuropsychological assessments, cognitive rehabilitation, therapeutic work and running an art group for stroke survivors. My previous experience has allowed me to develop my skills using established evidence-based practice, and I'm now looking forward to developing my research skills and I am excited to be part of a team that contributes further knowledge to the field of mental health. My main role here will be recruiting for, and assisting on the ADD study, which is investigating treatment resistant depression.

Nic Gill Tel: 0113 2954431 Email: Nicolagill1@nhs.net

Molecular Genetic Investigation of Bipolar Disorder and Related Mood Disorders

Study aims

- To investigate the causes of bipolar disorder and related mood disorders.
- To investigate how genes and other factors (such as stressful life events) interact and make some people more likely than others to experience bipolar disorder.
- To improve diagnosis.
- To facilitate the development of new psychological and pharmacological treatments.



www.bdrn.org

What is involved in taking part as a clinician?

- Allow the research assistant to see who is suitable from your caseload.
- Check the list of people found by the research assistant as potentially eligible to take part and mark who you think is able to be contacted and asked if they would like to take part.
- Sign the letters drafted by the research assistant to be put into the pack to be sent to the participants.

For queries or additional information contact:

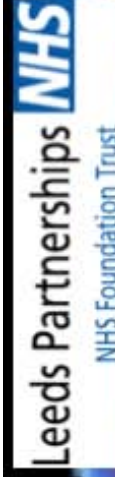
Tendayi Guzha

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Genetic susceptibility to cognitive deficits across the schizophrenia and bipolar disorder diagnostic divide study synopsis

This study is looking at **psychosis** and investigating both **genetic** and **environmental factors** that may **influence susceptibility** to schizophrenia.

The study is also investigating how psychosis/schizophrenia can affect concentration and memory, and whether genetic factors may play a role in this. The study aims to find out more about why these symptoms arise.

What is involved in taking part as a clinician?

- Allow the research assistant to see who is suitable from your caseload.
- Check the list of people found by the research assistant as potentially eligible to take part and mark who you think is able to be contacted and asked if they would like to take part.
- Sign the letters drafted by the research assistant to be put into the pack to be sent to the participants.

For queries or additional information contact:

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Change Drinking

on ward 1, Becklin Centre

Intervening to encourage help-seeking by problem drinkers recently admitted to hospital: development of ChangeDrinking

Katrina Rumball¹, Bridgette M Bewick², Gillian Tober¹, Duncan Raistrick¹, Jakki Birtwistle² & Owen Johnson²

¹ Leeds Addiction Unit, Leeds Partnership NHS Foundation Trust

² Leeds Institute of Health Sciences, School of Medicine, University of Leeds

Using prior experience of Motivational Interviewing¹ (MI), web-based personalised feedback and building of dynamic web-based interventions² the team sought to create a web-based intervention that would increase user motivation to seek treatment for problematic drinking. ChangeDrinking is part of a larger programme of work exploring how best to encourage brief conversations with hospital patients and increase treatment uptake



This work resulted in the creation of www.changedrinking.com. This client-centred website aims to enable users to engage in a 'brief conversation' to explore motivation to change and to enable signposting to support services. Website content was informed by Tober and Raistrick's experience of face-to-face MI¹ and Bewick's experience of developing web-based interventions². The embedded screening tools (necessary to inform algorithms generating personalised feedback) mirror tools used at Leeds Addiction Unit (AUDIT, ASSIST, retrospective 7-day drinking diary, CORE-10, SSQ, LDQ, EQ-5D-3L). ChangeDrinking also includes adapted content from resources used to explore personal strengths, motivation and a social support network.

Structure and Content

- Designed to imitate a conversation about change.
 - Informed by face-to-face assessments and MI, following a four-step structure¹
- Elicit account of drinking/drug use

- Elicit concerns
- Elicit optimism for change
- Elicit intention to change
- Goal orientated, calculated for the individual user from scores and responses on a variety of measures.

Strengths

The website is grounded in an evidence base and explicitly includes components of successful face-to-face intervention, including:

- 'Change talk' with feedback providing links between personal circumstances and the positive direction of change.
 - Elaboration, affirmation, reflection and summarising.
 - Ambivalence resolution by providing prompts to help users consider uncertainties.
 - Questions and feedback designed to elicit self-efficacy and optimism by exploring personal strengths and motivation.
- Challenges
- Ensuring the website was 'person-centred' in the context of pre-determined dialogue.
 - Similarly, the team needed to acknowledge the boundaries of translating certain aspects of face-to-face MI to a web-resource (e.g. conveying empathy or the depth to which sensitive topics, such as psychological distress, could be explored).

Preliminary development work suggests it is feasible to use MI experience to inform an engaging and dynamic resource that enables users to engage in a 'conversation' about changing their drinking. Future work will encourage hospital staff to promote the website to suitable patients and will seek to evaluate the www.changedrinking.com tool with users.

ChangeDrinking will go live in January 2012

References:

¹Tober G. & Raistrick D. (Eds.) (2007). *Motivational Dialogue: preparing addiction professionals for motivational interviewing practice*. London: Routledge.

²Bewick, B. M., West, R., Gill, J., O'May, F., Mulhern, B, Barkham, M., Hill, A. J. (2010). Providing Web-Based Feedback and Social Norms Information to Reduce Student Alcohol Intake: A Multisite Investigation, *Journal of Medical Internet Research*, 12(5), e59.

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Mini therapeutic community

Intervention for people with personality disorder

An evaluation of the therapeutic modality of a 'mini therapeutic community' as a treatment intervention for people with personality disorder

This service evaluation report identifies current national guidelines for psychological intervention for people with personality disorder. It provides an overview of the history, theoretical background of therapeutic communities, and goes on to identify current thinking about therapeutic communities.

The report describes an observation of a one day a week therapeutic community, and outlines the findings of this observation. The report highlights the congruence between the everyday practice of the therapeutic community and current literature about therapeutic communities, and concludes with some observations of the therapeutic community derived from author's professional background of occupational therapy.

The report provides an overview of the history and theory of therapeutic communities for people with personality disorder. It describes my own experience of observing a day therapeutic community, from which I conclude the day therapeutic community has clear purpose, processes

and structures. These identified components have clear resonance with the stated requirements in the literature for effective psychological intervention for people with personality disorder. Suggestions were made towards enhancing the therapeutic community's engagement with its primary tasks.

From my professional perspective of occupational therapy, I suggest there are two areas for the day therapeutic community to explore. (I) Community members struggling to maintain consistent attention throughout the day, and (II) a lack of a range of occupational opportunities for community members.

I made two suggestions for the day therapeutic community to consider around the use of concepts from sensory integration theory and practice, and occupational theory to facilitate the increased ability of community members to work towards the primary tasks of the therapeutic community.

Alan Hiron

Occupational Therapy Clinical Specialist
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Knowledge, views and attitudes of psychiatrists towards eating disorders

Previous research has shown that GPs and hospital doctors have substantial gaps in knowledge regarding eating disorders and overly pessimistic views regarding their prognosis.

This study is the first to examine the mental health literacy of psychiatrists towards eating disorders. An online questionnaire assessing eating disorder mental health literacy was sent to 329 psychiatrists in Yorkshire and 126 replied (38.3%). Psychiatrists were found to have specific gaps in knowledge regarding the management of eating disorders but less pejorative views than other doctors. Psychiatrists lack confidence in managing these conditions in non-specialist settings. There is a need for more training for psychiatrists and our findings support proposals for an early intervention model for the treatment of patients with eating disorders.

Dr William Rhys Jones

Email: wrjones79@yahoo.co.uk



Integrated Research Application System

you may be affected by some changes to the submission process

Have you recently submitted a form on IRAS?

If you have recently submitted a form for a Co-ordinated System for Permission (CSP) study in IRAS, you may be affected by some changes to the submission process. West Yorkshire Comprehensive Local Research Network (WYCLRN) have produced a document called IRAS Submission Guidance at www.westyorks.crncc.nihr.ac.uk which outlines what the changes are, and how they may affect you.

To summarise:

- a) If you are working on a study created in IRAS before 18 July 2011 you will need to **manually submit** forms and documents to West Yorkshire CLRN by emailing them to csp@wyclrn.org.uk.
 - b) If you are working on a study created in IRAS after 18 July 2011 you will be able to **electronically submit** your form and supporting documents from IRAS into the CSP system.
- Please refer to the IRAS Submission Guidance for more detailed information.

We apologise to anyone who has been inconvenienced by these changes. Please contact West Yorkshire CLRN at csp@wyclrn.org.uk if you have any questions or would like an update on the progress of any recently submitted forms.

LPFT info: James.hughes4@nhs.net

Find out more about the NIHR Coordinated System for gaining NHS Permission (CSP).

http://www.crncc.nihr.ac.uk/about_us/processes/csp

Find out more about the Integrated Research Application System (IRAS).

<https://www.myresearchproject.org.uk/>

Changes to the remit of REC

Research Ethics Committees - September 2011

A harmonised edition of the Governance Arrangements for Research Ethics Committees (GAfREC) was issued by the Department of Health in May 2011, effective from September onwards. The GAfREC sets out the requirements for projects requiring REC review including those types that no longer need review. The Research Governance Framework for Health and Social Care (RGF) will continue to apply to all projects.

Summary of main changes

- Social care studies are now under the remit of REC.
- Research involving NHS staff is primarily excluded from the remit of REC (REC review can be requested by the Chief Investigator, host organisation or sponsor).
- Research limited to use of previously collected, non-identifiable material consisting of or including cells in accordance with the terms of donor consent is generally excluded from REC review (REC review is required under certain circumstances).
- Research limited to use of human biological material not consisting of or including cells (e.g. plasma, serum, DNA) is also generally excluded from REC review (REC review is required under certain circumstances).
- Research limited to use of previously collected, non-identifiable

information is generally excluded from REC review. (REC review is required under certain circumstances).

- Healthcare market research is generally excluded from REC review (REC review is required under certain circumstances).
- Certain research conducted on NHS premises and facilities is generally excluded from REC review (REC review is required under certain circumstances).

Researchers are **strongly encouraged** to contact their R&D department or the REC centre co-ordinator for further guidance and to discuss their project to establish whether REC review is required



Library Training Dates

Courses free to Leeds NHS staff

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

January				
Date	Day	Time	Course	Location
09/01/2012	Monday	14.00-15.00	Ejournals	Mount
11/01/2012	Wednesday	09.30 - 11.00	Current Awareness	St Mary's Hospital, RIO Training Room
17/01/2012	Tuesday	13.30 - 16.00	Healthcare databases	Mount
19/01/2012	Thursday	09.30-11.30	Cochrane Library	Bexley
23/01/2012	Monday	12.00-13.00	Ejournals	LGI Library
24/01/2012	Tuesday	14.00-16.00	Cochrane Library	Mount
25/01/2012	Wednesday	9.30-12.00	Healthcare databases	LGI Library
31/01/2012	Tuesday	10.00 - 12.00	Critical Appraisal	Mount Annexe
February				
06/02/2012	Monday	13.30-16.00pm	Healthcare databases	Mount
08/02/2012	Wednesday	10.00 - 11.00	Ejournals	St Mary's Hospital, RIO Training Room
09/02/2012	Thursday	14.00-15.00	Ejournals	Mount
13/02/2012	Monday	09.30-12.00	Healthcare databases	LGI Library
21/02/2012	Tuesday	14.00-15.30	Google	Mount
28/02/2012	Tuesday	10.00 - 12.00	Cochrane Library	St Mary's Hospital, RIO Training Room
23/02/2012	Thursday	09.30-11.00	Current Awareness	Bexley
27/02/2012	Monday	14.00-16.00	Critical Appraisal	LGI Library
March				
06/03/2012	Tuesday	13.30-16.00	Healthcare databases	Mount
08/03/2012	Thursday	10.00 - 11.00	ejournals	St Mary's Hospital, RIO Training Room
12/03/2012	Monday	14.00-15.30	Current Awareness	LGI Library
20/03/2012	Tuesday	10.00-12.00	Critical Appraisal	Mount Annexe
22/03/2012	Thursday	09.30-11.00	Google	Bexley
27/03/2012	Tuesday	09:30 - 12:00	Healthcare databases	St Mary's Hospital, RIO Training Room
27/03/2012	Tuesday	10.00-12.00	Cochrane Library	Mount

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.

Contact us

Research and Development

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

For more information please contact:

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Introduction to Good Clinical Practice (GCP) Training Sessions

17/02/2012 Seminar Room 1,
Training & Education Centre, St James's University Hospital, Leeds, LS9 7TF

14/03/2012 Bradford Institute for Health Research,
Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ

26/03/2012 The Learning Centre,
Huddersfield Royal Infirmary HD3 3EA

Our online Learning Management System (LMS) allows you to book the courses you want and helps us to automate the management of our courses.

<http://www.crnc.nihr.ac.uk/training/booking/>

For more information, please contact the **CRN workforce development team**

WYCLRN Training in February 2012

There are still places remaining for the following courses:

- Essential Project Management Skills in Clinical Research – Thursday 09th February
- Managing Data and Documents – Monday 20th February
- Developing Management and Leadership Skills in Clinical Research – Thursday 23rd February

Details for all the courses above are available on the WYCLRN www.westyorks.crnc.nihr.ac.uk