



Innovation

Research and Development Newsletter



page 04 Energy for Research - passion for discoveries

page 11 Recognising distress

page 20 Child Mental Health Research Network Day 2018

Contents

03

Head of R&D's editorial

04

Energy for Research -
passion for discoveries

06

A Core Outcome Set for Comorbid
Diabetes and Severe Mental Illness

07

A window into supervision:
Prospectives from supervisors
and their trainees

08

Evaluating quality of life indicators
in an Adult ADHD service

10

Hello my name is...George Crowther

11

Barriers and facilitators for
recognising distress in people with
dementia

12

Homicide by patients with
schizophrenia: a case-control study

14

Supporting carers of people with a
Personality Disorder

16

Rolling out the 'Living Well
with Dementia' group

17

Decision making regarding pro re
nata (PRN) medications

18

Hello my name is...Sam Bennett
Hello my name is...Emma Sellers

19

Cluster Schools Project

20

Child Mental Health Research
Network Day 2018

22

Library training dates

23

NIHR Funding deadlines

24

Contact us

24

Qualitative Research Methods -
One day workshop

Welcome to the spring edition of Innovation

A new financial year and new members of the R&D team. Dr George Crowther has taken up a clinical academic post and tells you some of his plans to demystify and carry out research in the Trust with our University of Leeds partners on pages 10-11. Dr Wendy Neil is working with me to further develop the research agenda at director level, and I am delighted to welcome Alicia Rodgers, Emma Sellers and Sam Bennett to the R&D team. They introduce themselves later in the newsletter.

I am very proud of the Trust's R&D team which smashed its 2017/18 target of recruiting 650 people to research studies funded through national competition in early December. This was achieved through hard work on a combination of mental health and dementia studies as well as the Yorkshire Health Study (YHS), an ongoing study of thousands of people in the county.

We then set our sights even higher, with an aim to recruit 650 people to studies excluding the YHS which we successfully met in early January. To date a total of 1092 people have participated in these studies.

Our funders celebrated our success and named us **Trust of the Month** in the following news release www.nihr.ac.uk/news/lypft-smashes-two-targets/7784

The completed projects featured this quarter cover a broad range of clinical specialties and services, including:

- Energy for Research - passion for discoveries
- A Core Outcome Set for Comorbid Diabetes and Severe Mental Illness
- A window into supervision: Perspectives from supervisors and their trainees.
- Evaluating quality of life indicators in an Adult ADHD service
- Decision making regarding pro re nata (PRN) medications
- Homicide by patients with schizophrenia: a case-control study
- Supporting carers of Personality Disorder

- Rolling out the 'Living Well with Dementia group'
- Barriers and facilitators for recognising distress in people with dementia.

In this edition of Innovation, you will also find information about the work of the Child Oriented Mental health Intervention Centre (COMIC) and a summary of the COMIC networking day, library training dates, qualitative research training course details and National Institute for Health Research funding opportunities.

If you have any feedback about Innovation or would like to visit the Research and Development Department and find out more about what we do, please contact:

Alison Thompson
Head of Research and Development

athompson11@nhs.net or 0113 85 52360



Articles about recently completed research projects are marked with this symbol.



Energy for Research - passion for disc

My name is Mary Franklin-Smith and I am a Dramatherapist working at the Yorkshire Centre for Eating Disorders (YCED) in the Community Team and I am writing to share my thoughts on research with you, and how they have changed over the past year. I hope you might be able to relate in some way to my sharing and that it might inspire you to take a fresh look at research and what it offers.

I have been working in the NHS for the past 12 years and feel fortunate to say that I love my job. It is such a privilege and honour to share in the lives of the patients we serve and I have learnt so much from each and every one of them. As a Creative Arts therapist I thoroughly enjoy devising new materials for use in clinical intervention to engage patients in their personal explorations and discoveries. So far in my career I have enjoyed creating new session structures, playing with new therapeutic tools, reading about new understandings and interventions and delivering talks and experiential sessions, but I had not experienced what a wonderful creative tool research is - until recently. If I am brutally honest I had packed ideas of being involved in 'formal research' away with my MA dissertation and have since then seen it as a 'task' that would 'take me away' from the patient contact I cherish ... but over the past 12 months I have been absolutely delighted to discover first hand how much potential for real and sustainable change research holds. It turns out research is not a stuffy process where you sit alone in the library for days and weeks at a time, but a living, breathing journey of discovery that we can all engage in together and contribute towards in a very real way.

I was recently appointed as the YCED FREED champion. FREED (brainchild of Professor Ulrike Schmidt) is a national research project into First Episode and Rapid Early Intervention for Eating Disorders, run by South London and Maudsley NHS Foundation Trust (SLaM) and Kings College London. The project aims to reduce waiting times, improve patient engagement and clinical outcomes for young people aged 25 and under with a diagnosed eating disorder within three years or less. It is proving to be

such an exciting opportunity to be part of a national project, working towards helping young people get back into life as quickly as possible. It is hoped that a successful result will mean commissioners will look to the example set by FREED to shape future service provision in the NHS. Ulrike Schmidt, along with her team at SLaM had the vision for an early intervention for young people with eating disorders, they saw a need and wanted to 'do something' to meet it. I was delighted to hear SLaM's Dr Vicki Mountford describe how she and her colleagues deliberated over a cuppa one morning how they might 'reach young people sooner' and through creative conversations, hard work, commitment, vision and attention to detail FREED is becoming a reality for real people every day... all through active engagement in research. I have been honoured to be part of this project and to see how, when teams pull together it can change the shape of services, and ultimately, people's lives. It has been inspiring and humbling and it's given me an insight into the pioneering, creative, innovative and exciting process of research!

I have been encouraged to think about how I might engage in the process of research to help explore other areas close to my heart. One such area is to use research to build the evidence base for drama and other arts therapies so that services might more readily consider including an arts therapist as an integral part of their multidisciplinary team. Another is engaging in a scoping review on the sharings of the Three Principles of Innate health as uncovered by late philosopher Sydney Banks, which is an assessable understanding of where our experience of life is coming from and how we might access our own resilience and wellbeing from our 'guide inside'.

I now feel so much clearer about how research provides us with an opportunity to breathe new ideas into our NHS to keep it alive, current and making progress. I feel so fortunate to be part of two teams (SLaM and YCED) who are forward thinking, open-minded and optimistic about what the future can look like for patients. These are exciting times for us and it's such a privilege to discovery and learning through research.

I hope that you might feel inspired to get in touch and share your thoughts and musings about how you would like to use research to move things forward in your area of work and perhaps we could have a conversation about your passions and visions? Please allow me to use this opportunity to bring your attention to the FREED twitter account: [@FREEDfromED](https://twitter.com/FREEDfromED) and website www.freedfromed.co.uk LYPFT library have a good stock of literature about The Three Principles/Innate Health or visit www.realchange.info should you feel curious to explore further.

With warmest wishes of innovation, inspiration and hope.



Mary Franklin-Smith, LYPFT, m.franklin-smith@nhs.net



A core outcome set for people with diabetes and severe mental illness

People living with severe mental illness (e.g. schizophrenia and bipolar disorder) are more than twice as likely to have diabetes compared to the general population. They also have poorer diabetic control and more complications from their diabetes. To address this, new health services and interventions are currently being developed for patients living with both these conditions. However, there is no agreement about which outcomes (e.g. blood sugar, depression) should be measured to test how effective these interventions are.

Studies vary in their focus on physical or mental health, and this makes it difficult to combine results to work out how interventions might benefit people with these conditions. A core outcome set, which is a standardised set of outcomes that should be measured in all studies that evaluate interventions in a particular population, is therefore needed.

This study aimed to develop a core outcome set to use in trials (which test how effective interventions are) of adults living with both type 2 diabetes and severe mental illness. The study focused on diabetes self-management interventions.

In a three-stage process the study

- 1) identified,
- 2) ranked, and
- 3) agreed which outcomes to include in the core outcome set.

Stage one involved reviewing existing research and consulting with service users and clinicians to identify potential outcomes. In stage two a Delphi survey was conducted (where participants rated how important potential outcomes were), and stage three involved a

consensus workshop with survey participants to select outcomes for the set.



In stage one, 46 outcomes were identified from existing research and 28 from consulting with stakeholders. In stage two, participants were asked to rank each of the 76 outcomes by importance on a scale of one to nine. Following feedback, the list of outcomes was reduced to 42 and participants were then asked

to rank them again. A total of 84 participants took part in the survey, including service users and carers, healthcare staff and managers, and research experts. Survey findings were used in a final consensus workshop to select the final outcomes. Seven were chosen: glycaemic control, blood pressure, body fat, health-related quality of life, diabetes self-management, medication adherence and diabetes distress.

The potential benefits of this study are to provide clear guidance about the outcomes that should be measured in trials of people with mental illness and type 2 diabetes. It is hoped that this will help to build good evidence about how to improve health and wellbeing for this patient group.

Jo Taylor, University of York, jo.taylor@york.ac.uk

Other researchers: Tom Hughes, formerly LYPFT; Najma Siddiqi and Jan Böhnke, University of York; Judy Wright, Ian Kellar and Sarah Alderson, University of Leeds; and Richard Holt, University of Southampton.



A window into supervision: Perspectives from supervisors and their trainees

This research aimed to develop our understanding of how trainee clinical psychologists can acquire new insight, raise personal awareness, develop their clinical skills and build on their PPD (Personal Professional Development); all with a view to providing high quality care and support to their service users.

This research used Interpersonal Process Recall* as a method of data collection. It then used Grounded Theory analysis** to identify processes within the clinical supervision of trainee clinical psychologists on the Leeds Doctorate in Clinical Psychology course. These processes were identified by the following themes:

1. Anxiety context: drivers behind trainee perspective with sub themes of being good enough and elevated emotional state.
2. Developmental context: drivers behind supervisor perspective, with sub themes of preparing trainee for independent practice and increasing trainee insight.
3. Competency capability with sub themes of seeks reassurance and guidance and mobilises internal resources.
4. Developmental enactments, with sub themes of questioning, shaping, and modelling.
5. Supervisory enactments, with sub themes of collaboration and rupture.
6. Shift in perspective, with sub themes of increased self-awareness (cognitive shift) and increased self-awareness (affective shift).

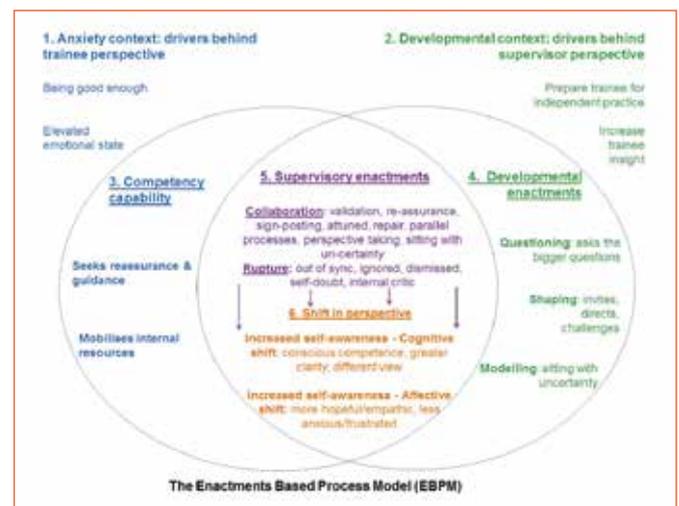
This research found that supervisory enactments based on collaboration, with validation, re-assurance, attunement, attending to parallel processes, perspective taking and sitting with uncertainty lead to the more profound shift in perspective. Supervisory enactments based on rupture when two people are out of sync, feelings of being dismissed and/or ignored, self-doubt and internal criticism influence the trainee to rely on their existing internal

resources to self-soothe and reassure still lead to a shift in perspective, but it takes longer to get there.

The current findings have support from the wider literature and successfully draw together salient features of various supervision models; particularly the processes that occur within supervision. There are implications for theory, research and the future training of supervisors.

*Interpersonal Process Recall is a supervision strategy developed by Norman Kagan and colleagues that empowers counsellors to understand and act on perceptions to which they may otherwise not attend.

** Grounded Theory analysis is a systematic methodology in the social sciences involving the construction of theory through methodical gathering and analysis of data.



Mark A Norburn, University of Leeds, umman@leeds.ac.uk

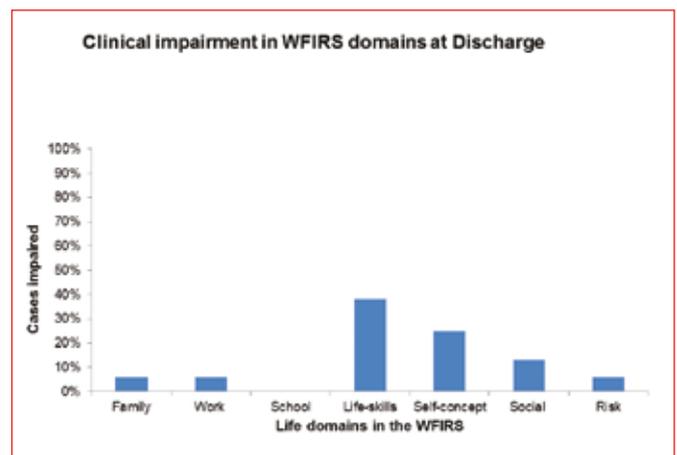
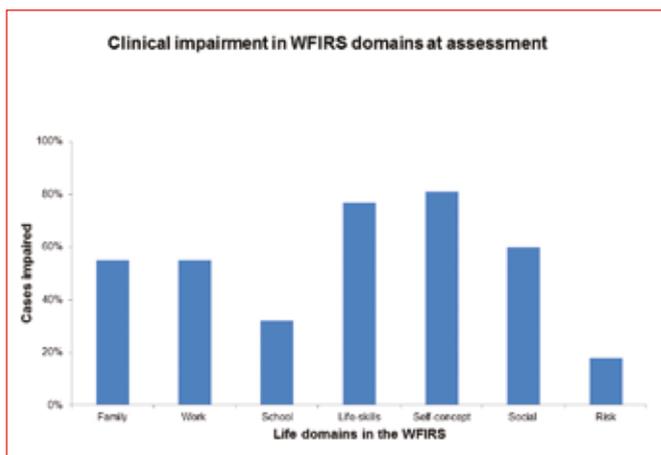
Supervised by: Dr Ciara Masterson, Univeristy of Leeds and Dr Tomas Isherwood, LYPFT.

The Leeds Adult ADHD service is aware that the adults they treat often achieve significant improvements in their everyday life and overall functioning. This may include a reduction in drug or alcohol use, gaining employment, improved parenting skills or reduction in offending behaviours. It is these “hard” outcomes that the service’s commissioners are interested in.

Currently, these improvements are recorded qualitatively in various parts of a patient’s case record, which makes it difficult for the service to routinely report on these outcomes. The service also uses a standardised self-report health-related quality of life/ functioning outcome measure at assessment and discharge. The service has found that the available standardised self-report quality of life/functioning rating scales are either too short or too long and often don’t capture the robust or “hard” outcomes that commissioners request. Therefore, the service would benefit from developing a brief, self-report tool that captures changes in “hard” quality of life/ functioning outcomes as a result of ADHD treatment.

The service evaluation project involved three stages:

1. A review of existing quality of life/ functioning outcome measures (ADHD and general adult population)
2. An audit of the level of “hard” quality of life/ functioning outcomes reported in a sample of 30 patient case notes to find out where the service needs to improve and types of “hard” outcomes achieved by the end of treatment
3. Using the findings of the audit and the review of existing measures to inform the development of a brief, self-report “hard” outcome quality of life/functioning tool for the service to use in future



in an Adult ADHD service

Results

The literature review of existing quality of life/ functioning measures found that the service already uses the most appropriate standardised ADHD functioning outcome measure (Weiss Functional Impairment Rating Scale; WFIRS) for their service needs. However, the measure does not sufficiently capture “hard” outcomes, requiring the service to develop their own measure.

The audit found that the service is better at capturing hard outcomes of drug and alcohol use, employment and educational functioning and parenting qualitatively at assessment than at discharge to the GP. This is likely to be because there is a service template at assessment that clinicians use but not at discharge.

The audit found that there is evidence of improvement in patients’ functioning at discharge, as shown by the scores of the standardised functioning measure (WFIRS) (Figure 1 & 2)

Examples of the hard outcomes achieved in this sample included reductions in alcohol and drug use. Out of ten people who smoked at assessment, four people had either stopped or reduced their smoking by discharge. Out of six people drinking alcohol weekly, three people had reduced their drinking by discharge. Out of eight people regularly using illicit drugs at assessment, six had reduced drug use by discharge.

Recommendations

- Creation of a service template for discharge letters to the GP to increase the consistency of reporting functioning outcomes at discharge.
- A second audit in a year’s time.
- Further development of the new Leeds Adult ADHD functioning measure including patient and commissioner feedback, pilot and evaluation of the measure in the service and psychometric validation of the final measure.



Rebekah Sutherland



Dr Rob Baskind

Rebekah Sutherland, LTHT, rebekah.sutherland@nhs.net

Supervised by: Dr Rob Baskind, LYPFT

hello my name is...

George Crowther



George Crowther

I have recently joined the Trust as an academic consultant in liaison old age psychiatry, and am a visiting senior lecturer at the University of Leeds. I have been an National Institute for Health Research (NIHR) clinical lecturer which allowed me to pursue my research career and get my PhD, while still developing as a clinician. My research interests are in the management of complex dementia. I have recently developed and tested a screening tool to help general hospital staff recognise distress in people with severe dementia who have reduced capacity to communicate verbally (below).

This year, working alongside my colleagues in the R&D department, I plan to obtain national grant funding to continue the testing of our distress recognition tool. In doing so I also hope to provide opportunities for research interested Leeds and York Partnership NHS Foundation Trust staff to get involved.

Trust based research is not only potentially beneficial for our patients, but also to staff; improving knowledge and providing an interesting and varied workload. One of my main academic goals in the Trust is to increase opportunities for anyone to be research active.

As part of this I will be consulting with all staff groups about the current barriers to getting involved in research and working to provide achievable projects and opportunities for those who are interested. I will be visiting as many staff educational forums as possible, showcasing potential projects in the Trust and how to get involved. If you are interested please feel free to contact me at email address below.



Barriers and facilitators for recognising distress in people with dementia

Introduction

Psychological symptoms and delirium are common but underreported in people with dementia on hospital wards. Unrecognised and untreated symptoms can manifest as distress. Therefore, identifying distress accurately could act as a trigger for better investigation and treatment of the underlying causes. The challenges faced by healthcare professionals in recognising and reporting distress are poorly understood.

Methods

This study involved semi-structured interviews with a purposive sample of 25 healthcare professionals working with older people in general hospitals. Interviews were analysed, generating themes that describe the facilitators and barriers of recognising and caring for distress in dementia.

Results

Regardless of training or experience all participants had a similar understanding of distress, and identified it as a term that is easily understood and communicated. All participants believed they recognised distress innately. However, the majority also believed it was facilitated by experience, being familiar with their patients and listening to the concerns of the person's usual carers. Barriers to recognising distress included busy ward environments, and that some people may lack the skill to identify distress in hypoactive patients.

Conclusion

Distress may be a simple and easily identified marker of unmet need in people with dementia in hospital, however, modifiable and unmodifiable barriers seem to reduce the chance of distress being identified or acted on. Improving our understanding of how distress is identified in this environment, and in turn developing systems that overcome these barriers, may improve the accuracy with which distress is identified on hospital wards.



George Crowther, LYPFT, georgecrowther@nhs.net

Other researchers: Dr Cathy Brennan and Professor Mike Bennett, University of Leeds.



Homicide by patients with schizoph

The association between major mental disorders, particularly schizophrenia, and violence is well documented and the number of homicides by people with serious mental illness continues to rise. Previous studies examining the relationship between schizophrenia and violence have highlighted the need for a more in-depth focus on the treatment of the patient. However, as previous studies have been unable to establish causality, a case-control study is needed to fully evaluate the association between serious mental illness, homicide and clinical care. To date there have been no national case-control studies examining the clinical care of patients with schizophrenia who commit homicide.

Objectives

The study aimed to examine socio-demographic, criminological and clinical characteristics and clinical care of people with schizophrenia who commit homicide compared with control patients with schizophrenia who do not commit homicide.

Methods

A national case-control study took place with 183 male perpetrators convicted of homicide in England and Wales between 1 January 1997 and 31 December 2012. These perpetrators had been diagnosed with schizophrenia and been in contact with mental health services in the year prior to the offence, and had previous inpatient admissions. Case data was obtained from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Please see Appleby et al (2006) for detailed methodology of case ascertainment.

Controls

Data collection for control patients had three stages: (i) the identification of control data for male patients with a diagnosis of schizophrenia who had not committed homicide; (ii) the matching of case and control data (one case matched with five controls) with a diagnosis of schizophrenia individually matched to cases on age. To be an eligible, control patients must have been in contact with mental health services in the year prior to the matched case's offence, have had previous admissions to inpatient care and have not committed a homicide prior to the date of the case's offence; (iii) within the latter control group the collection of clinical data.

Between 14 February 2013 and 31 March 2017 clinical data on 760 control patients were obtained via questionnaires sent to the

clinicians and nursing teams responsible for the victims' care. 734 were eligible for study inclusion.

The study was successful in achieving its objectives. The response rate from clinicians was reasonable (68%) and the extent to which questionnaires were completed and the quality of these data was good.

Main findings

The main findings of the study are summarised below:

- The mean age of cases was 34 years old (range, 17-71 years old)
- The mean age of control patients was 34 years old (range, 18-71 years old)
- Patients with a diagnosis of schizophrenia who committed homicide are more likely to be from a black and minority ethnic background (n=60, 33% vs. n=162, 22%, OR 1.81), to have a history of violence (n=129, 70% vs. n=304, 41%, OR 3.87), to have a history of drug misuse (n=131, 71% vs. n=408, 55%, OR 2.37), including co-morbid drug dependence/misuse (n=81, 44% vs. n=172, 23%, OR 2.77), to have a secondary diagnosis of personality disorder (n=33, 18%, vs. n=32, 4%, OR 5.87) and to be refusing their medication (n=58, 32% vs. n=132, 18%, OR 2.12).
- The prescribing of antipsychotics (n=149, 90% vs. n=668, 98%, OR 0.21) and routine last contact prior to the offence/index date (n=131, 71% vs. n=593, 81%, OR 0.35) appear to be protective factors for homicide.

schizophrenia: a case-control study

Conclusions

The study's findings suggest that patients with a diagnosis of schizophrenia and co-morbid personality dependence and substance dependence are at greater risk of homicide. Mental health services need to target interventions for patients with severe mental illness and violence.

Dissemination of the research

The findings from the study will initially be published as an academic journal article. The paper is currently being drafted and we aim to be ready to submit in April 2018. Information about the study findings will also be made available through the NCISH website and social media accounts



Professor Jennifer Shaw, University of Manchester

NICE Guidance (NG78) for Borderline Personality Disorder (BPD) indicates that families and carers of individuals with BPD experience high levels of psychological distress, and yet few services offer support to carers. Families suggest that information about the diagnosis, care and treatment is important, in addition to gaining support from other carers. This study aimed to evaluate the effectiveness of a new six-week course in improving carer knowledge and wellbeing.

The Course

Leeds Personality Disorder Clinical Network developed a six-week psychoeducational course for carers, which has run three times. The course covers a range of topics around understanding personality disorder. Carers were also supported to complete a brief "Wellness and Recovery Action Plan" to support their own wellbeing.

Over the three courses 15 carers attended. The majority of attendees were female and white British, with a range of ages from 18-65. They cared for a range of people including children, parents, siblings, grandchildren and friends.

The course was evaluated using three short measures:

1. knowledge and understanding of personality disorder
2. carer wellbeing and
3. satisfaction with the group.

Carers' knowledge and understanding of personality disorder increased significantly and satisfaction with the group was high. A brief thematic analysis of the open questions suggested that carers found it helpful to learn about personality disorder and to share experiences with other carers. Carers reported feeling validated and hopeful, and perceived the facilitators as helpful.

Carer wellbeing did not change significantly over the course of the groups, and carers identified that it continued to be difficult to find time to care for themselves. Carers reported a need for ongoing support following the six week course.

The service has now developed a bi-monthly peer support group in partnership with the Carers Leeds team. Further six-week courses are planned for the next year and these will be co-facilitated by a Carer "Expert-by-Experience".



Clare Conlon, Alice Holland and Dr Ruth Sutherland

Reflections from a carer



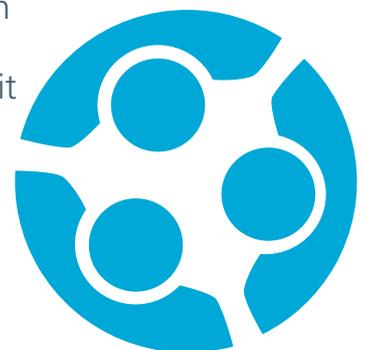
The Group for Carers was a free six week course in which we gained an insight into Personality Disorders, learned how to provide support to those with the condition and had the opportunity to meet with other carers.

Each of us had a different relationship with the person who had a Personality Disorder. We learnt about one another's stories slowly and gradually and as the weeks went by we grew in trust.

Each of us joined this carers' group because we were concerned about our family member and also because we needed support ourselves. We learnt ways to better understand Personality Disorders. There were sessions on childhood development, Schema therapy, coping responses and treatment principles. We also discovered more effective ways of engaging with our loved ones, as well as looking after our own needs.

Having the support of other carers in the group was invaluable. It can be difficult to find the words to explain the impact of another person's Personality Disorder. In the group I found I didn't need to over explain as there was a lot of understanding and empathy. I reflected to another member how much I had learnt from what he had shared, to which he replied that he had also learnt a lot - from hearing himself speak in the group.

There is a need for more face-to-face peer support groups for carers of someone with a Personality Disorder. These can provide a safe space in which we can share, learn from and support each other. What I liked about our group was that it was carefully facilitated. We were guided to focus on more helpful ways of engaging with our loved one, while also caring for our own needs. ”



Dr Ruth Sutherland, LYPFT, ruthsutherland1@nhs.net

Other researchers: Clare Conlon and Alice Holland, LYPFT, and an anonymous carer.



Rolling out the 'Living Well with Dementia group'

The Living Well with Dementia (LWWD) group was developed by Marshall and colleagues (2014). The aim of the group is to support people with dementia to adjust to their diagnosis and live well with memory difficulties. The group runs for 10 weeks and is delivered through the use of a manual. Although the group has been run in other areas of the country, this is the first time that the group has been piloted in Leeds. Therefore the group was evaluated to see whether it was useful, to inform whether it should be run again and to guide any improvements.

Feedback from those who participated in the group and their relatives showed that they found the group enjoyable and beneficial in terms of promoting adjustment. They also found it useful in terms of the information and advice they received, the exercises and strategies that were discussed and the peer support gained. However, convincing evidence of benefit was not found from the questionnaire answers that were provided by those who took part in the group and their relatives before and after the group. Although half of the group experienced a significant increase in self-esteem over the course of the sessions, there appeared to be few other beneficial changes. This may have been for a number of reasons:

- The number of people who attended the group was small
- A control group was not used
- The LWWD group may be more beneficial for people experiencing greater distress before the group
- Different questionnaires may have better captured beneficial change, such as questionnaires that ask more specifically about adjustment and wellbeing
- The questionnaires may have better captured beneficial change if they were completed later following the completion of the group

- Questionnaires may not be the best way to identify benefit

It is recommended that the LWWD group is piloted again within Leeds Psychology and Psychotherapy Service with more group members. Further thought should be given to whether a control group is used, who may benefit most from attending the group, how potential change should be captured, which questionnaires are most suitable and valid and when they should be completed, i.e. at a later follow up. The results from this next pilot can then be used to decide whether the group should be rolled out within Leeds Psychology and Psychotherapy Service.



Dr Sarah Canning and Kim Henderson

Dr Sarah Canning, LYPFT, s.canning1@nhs.net

Other researchers: Kim Henderson, Dr Kristien Haepers and Dr Michael Jubb, LYPFT.

References: Ann Marshall, John Spreadbury, Richard Cheston, Peter Coleman, Claire Ballinger, Mark Mullee, Jane Pritchard, Cynthia Russell & Elizabeth Bartlett (2014) A pilot randomised controlled trial to compare changes in quality of life for participants with early diagnosis dementia who attend a 'Living Well with Dementia' group compared to waiting-list control, *Aging & Mental Health*, 19:6, 526-535, DOI: 10.1080/13607863.2014.954527



Decision making regarding pro re nata (PRN) medications

Psychiatric medications are frequently prescribed to people with learning disabilities whose behaviour challenges services (Unwin and Deb, 2010). This often includes PRN (as required) medication.

In community settings these are typically prescribed by a medical practitioner, monitored by community nurses and administered by support workers. NHS England (2016) issued guidance to review and reduce prescribed medications for people with learning disabilities – the STOMP initiative. People with learning disabilities do not always have the skills and awareness to request PRN medication so decisions are often initiated by care staff. Little is known about how these decisions are reached.

A small scale qualitative study was conducted to investigate decision making by carers about medication. Seven carers in services for people with learning disabilities were interviewed. The semi-structured interviews explored examples of recent decisions to use medication, and examples of recent decisions not to use it, when presented with behaviour that challenged the service. The interviews were transcribed and then analysed using thematic analysis (Braun and Clarke, 2013; Willig 2013).

The findings highlighted several themes for the participants. PRN was used as carers anticipated 'enabling' effects, whereby service users could engage in other activities; they also wanted to 'relieve distress' on the part of the service user, and interestingly, indirectly, on their own

part too. There was a theme of 'avoidance' which related to concerns about 'overuse and sedation', but also to a 'fear of criticism' for using medication. There were tensions identified in a theme regarding 'authority' where it was clear that some participants felt like they knew their service users best and struggled with advice they were given. Finally a theme relating to 'complex approval' was identified, where a chain of people were involved in the decision making, which could be experienced as frustrating.

There were implications regarding training needs for direct care staff, to support them in decision making and in thinking about risks and benefits. It was clear that support from NHS staff in reflecting on the need to 'do something' and considering the 'right' time to use medications could benefit care staff, and therefore service users. Further research to explore the service context of decision making was indicated.

The study formed part of a Research Internship funded by Health Education England.

Tom Isherwood, LYPFT, tom.isherwood@nhs.net

Other researchers: Simon Nixon, Michaela Osbourne and Neil Whale, LYPFT

References: Clarke, V. and Braun, V. (2013) Successful qualitative research: A practical guide for beginners. London: Sage
NHS England (2016) STOMPwLD - Stop Over Medicating People with Learning Disabilities

Unwin, G. & Deb, S. (2010) The use of medication to manage behaviour problems in adults with an intellectual disability: a national guideline", *Advances in Mental Health and Intellectual Disabilities*, Vol. 4

Willig, C. (2013) *Introducing Qualitative Research in Psychology*. 3rd Edition. Buckingham: Open University Press

hello my name is...

Sam Bennett

I recently joined the Trust's Research and Development Team as a Research Assistant.

Prior to this role I was an Assistant Psychologist at North Essex Partnership Foundation Trust where I worked in the Early Intervention for Psychosis Service conducting a service evaluation and running therapeutic groups. I have also worked at Regent's University London providing research methods and statistics tutorials for undergraduate and postgraduate psychology students, and worked for a number of years as a support worker for community mental health teams in Sheffield while doing my BSc and MSc in Psychology at the University of Sheffield. I will be working part-time in the R&D team alongside a role at the University of Leeds researching effective ways to promote and encourage active, sustainable travel habits.

Since joining the Trust in November I have been working on the Recovering Quality of Life (ReQoL) study about a new measure of quality of life for users of mental health services, and the Patient Preferences for Psychological Treatment (PPPH) study looking into preferred treatment options for service users with psychosis. I will also be working on the ANGELA-project, a research study looking to improve diagnosis and support of younger people living with dementia and their caregivers. I am excited to be part of the research team here at LYPFT and keen to be involved in research that makes a difference to patients and the services the NHS provides.

Emma Sellers

I am a newly appointed Research Assistant within the Trust. I am a Psychology graduate with an interest in pursuing a career in Clinical Psychology.

On completion of my degree I worked as a support worker on a Child and Adolescent Mental Health Service (CAMHS) inpatient ward, providing emotional support to young people with mental health difficulties. Alongside this role I worked as an Honorary Assistant Psychologist in the Assertive Outreach Team in this Trust conducting a service evaluation of psychological formulation meetings. After this, I worked as an Assistant Psychologist in community CAMHS where I supported the Future in Mind initiative, conducted neurodevelopmental assessments and provided both individual and family-based interventions.

Coming from a predominantly CAMHS background, I have become a Research Assistant within the Trust in order to work with a diverse range of adults with mental health difficulties in a research capacity. In this role I shall apply my research skills in a variety of clinical settings and services. I am looking forward to being involved in a variety of National Institute for Health Research studies including ReQoL, PPPH, ANGELA, We Can and Compass. More information about these studies can be found at www.leedsandyorkpft.nhs.uk/research/how-to-get-involved/. Whilst working on these projects I will have the opportunity to work with service users with dementia, psychosis and eating disorders. Being involved in these studies is an exciting opportunity to contribute to mental health research on a national scale with the aim of positively impacting future mental health care in the NHS.

Samuel Bennett, LYPFT, samuel.bennett1@nhs.net

Emma Sellers, LYPFT, emmasellers@nhs.net

Cluster Schools Project looking at wellbeing

The Cluster Schools Project aims to identify and evaluate wellbeing services that have been implemented in mainstream secondary schools across Yorkshire and the Humber.

The Trust's COMIC (Child Oriented Mental Health Intervention Centre) Research team are currently working with local authorities and public health collaborators to carry out this project. Secondary schools across the region are in the process of developing innovative wellbeing services for their pupils, but many of these are not being evaluated effectively. This means there is a risk that these services will be discontinued in the future. The Cluster Schools Project aims to fill this gap and provide a robust evaluation which can be used to inform funding decisions by identifying the most effective and cost effective interventions.

Secondary schools in York, East Riding, North Yorkshire, Hull and Doncaster are being invited to be part of the project. The research team are keen to involve as many schools as possible to gain an overview of wellbeing in young people across the region.

Questionnaires are currently being delivered to pupils in year 8 and year 11. These include the Strengths and Difficulties Questionnaire (SDQ), a standardised instrument for measuring health outcomes (i.e. EQ-5D-Y) and a bespoke resource use questionnaire. Pastoral staff at each school will also complete a brief questionnaire which provides details about the wellbeing services they provide. The pupil outcomes can then be mapped on to the staff questionnaire to begin to identify what kinds of services have the best outcomes for pupil wellbeing.

When the data have been collected, each school will receive their own individual report which provides them with a summary of the results from their school as well as comparisons to national norms. Local Authorities in each area will also receive a report with an overview of the schools from their area. These are confidential reports and schools and pupils will be kept anonymous. These reports will also allow schools to see which areas they perform well in and where they may need to improve.

The results will help to create a large dataset from across Yorkshire and the Humber. This will be useful in identifying which wellbeing services schools are offering and using, as well as evaluating these both in terms of effectiveness for pupil outcomes and cost effectiveness.



Child Mental Health Research Network Day



The 15th Annual Child Mental Health Research Network Day was held at the University of York on Friday 12 January 2018. The day brought together a diverse range of researchers and health professionals with an interest in child mental health research and was hosted by the Trust's Child Oriented Mental health Intervention Centre (COMIC) Research Team.



Those at the event also heard from COMIC Research Fellow, Dr Elizabeth Edginton, who presented key findings from the feasibility study TIGA-CUB. This was a Randomised Controlled Trial to improve inter-generational attachment for children aged 5-11 with treatment resistant conduct disorders. This feasibility study was successful, and generated some important outcomes which, excitingly, will be used in the planning of a full scale trial.



The day began with COMIC Research Fellow, Danielle Varley talking about research undertaken by the team into two interventions for children with an Autism Spectrum Disorder (ASD), Social Stories™ and LEGO®-based therapy. These were created specifically for children and young people and can help with social skills and understanding. An update was given on the ongoing I-SOCIALISE research study examining the clinical effectiveness of LEGO®-based therapy in mainstream schools. The ASSSIST research study looking into the feasibility of using Social Stories™ was also presented.

Megan Garside, COMIC Research Assistant, then presented the Cluster Schools Project which is an ongoing study that identifies and evaluates mental health and wellbeing services in mainstream secondary schools. You can read more about this on page 19. The presentation included some initial results which were collected in January 2017, and information about how the study will progress this year.



Professor Mark Mon-Williams took to the stage to highlight the importance of movement and motor-control. This included interesting findings from studies which linked sensorimotor control and cognitive attainment in young children from the 'Born in Bradford' research study.

Professor Barry Wright's presentation was also a highlight. He outlined initial feasibility research plans to investigate the role of microRNAs (parts of the blood) in autism, working with the University of York. This included a summary of the existing literature and an overview of plans to build a team to explore if microRNAs could shed light on whether autism may be connected with the way our bodies' control how genes work.

The next talk was given by COMIC Research Assistants, Rachel Hodkinson and Ellen Kingsley. They spoke about depression in adolescents and current treatment options recommended by the National Institute for Health and Care Excellence (NICE). They discussed research

conducted into physical activity and depression in both adults and children and adolescents, noting a need for further research in this area.



Professor Elizabeth Meins then presented some fascinating findings from her longitudinal research spanning the last 20 years into mind-mindedness, the ability for parents to “tune in” to what their baby may be thinking and feeling. In this presentation she discussed her most recent piece of research, the Baby+Me Study, which aimed to facilitate maternal mind-mindedness through the use of the smartphone app “BabyMind”.

ASPECT

The audience then heard from Emily Hayward, COMIC Research Assistant, who gave a presentation about behavioural avoidance tasks with the help of “Duck Norris”, the University of York’s mascot. She discussed research findings and their use as an outcome measure in specific phobia research in children and young people, gave a live Behavioural Avoidance Task demonstration and talked about the ASPECT study. This is testing a new intervention for children with phobias and is currently being undertaken by the COMIC team and Sheffield Clinical Trials Research Unit.

Chris Rhymes gave an informative presentation about the NIHR’s clinical research network (CRN) and the Department for Health’s recent decision to change the eligibility criteria for CRN support. The CRN is now able to support research conducted outside of NHS settings providing it is funded by an open competition peer review funder and is of benefit to NHS patients and the NHS.

Research Nurse/Fellow, Joseph Horne, gave an insightful presentation into his reflections on the process of being involved in research and overcoming recruitment obstacles. Drawing on his experiences working for the University and CRN, he discussed how this applied to his role as a researcher on the ASPECT Trial.

Next up was Dr Nicole Gridley who reported on the work assessing the measures used to evaluate parenting programmes for the parents of young children. She presented a systematic review of Randomised Controlled Trials using various measures, the findings of which included a lack of consistency in measures used and limited evidence bases for use with younger populations.



The final presentation of the day was given by Professor Barry Wright. He discussed a study conducted with the Born in Bradford cohort looking into Early Years Foundation Stage Profile (EYFSP) scores as a potential aid in the screening of Autism Spectrum Disorders (ASD). Children with a lower EYFSP were more likely to have a diagnosis of autism; this was more prevalent in male white British children who were not in receipt of free school meals. He further discussed results and drawbacks of the research, concluding that a larger study into this area is needed to further explore its utility as an early screening tool.

The day was a fantastic opportunity for researchers, clinical staff and anyone with an interest in child mental health research to network. On behalf of the COMIC Research Team, we’d like to thank all the attendees and presenters. If you would like more information about our research, future conferences and events, please contact us or visit our website www.comic.org.uk.

Finding the Evidence training dates for your diary

The following courses are free to all Trust staff. Alongside the schedule of courses below, the library runs a number of sessions on request. These include:

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 get further help.

Current awareness – Aimed at staff who wish to set up and use email and RSS alerts and feeds to support their practice or professional development.

E-journals and e-books – Aimed at staff who wish to use e-journals and e-books to support their practice or professional development.

Google and beyond – Aimed at 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.

NHS OpenAthens account – Aimed at staff who wish to better understand their Athens account and learn about the e-resources that are available to them.

| MAY | | | | |
|------|------|---------------|-------------------------------------|---|
| 1 | Tue | 10:00 - 12:00 | Google and Beyond | LGI, Bay 3 |
| 9 | Wed | 09:30 - 12:00 | HDAS | RiO training room, St Mary's Hospital |
| 22 | Tues | 09:30 - 12:00 | HDAS | IT Suite, The Mount Annexe |
| 23 | Wed | 09:00 - 16.30 | Finding and Appraising the Evidence | IT Suite, Bexley Wing, St James' Hospital |
| 23 | Wed | 14:00 - 16:00 | Critical Appraisal | RiO training room, St Mary's Hospital |
| JUNE | | | | |
| 5 | Tue | 09:00 - 16.30 | Finding and Appraising the evidence | IT Suite, Bexley Wing, SJUH |
| 11 | Mon | 10:00 - 12:30 | HDAS | IT Suite, The Mount Annexe |
| 20 | Wed | 14.00 - 16.00 | Critical Appraisal | IT Suite, The Mount Annexe |
| 29 | Fri | 09:30 - 12:00 | HDAS | IT Training Room, Bexley Wing SJUH |
| 29 | Fri | 13:00 - 15:00 | Google and Beyond | IT Training Room, Bexley Wing SJUH |

The 'Current awareness' and 'Making the most of your Athens account' courses are now offered on request as a tutorial. Please contact libraryandknowledgeservices.lypft@nhs.net for more details.

For more information about any of our library courses and to book your place, visit www.leedslibraries.nhs.uk/home/

NIHR funding opportunities

The NIHR Clinical Research Network Portfolio is a database of studies that shows national clinical research study activity. Clinical trials and other well-designed studies involving the NHS, funded by the NIHR, other areas of government and non-commercial partners are automatically

eligible for portfolio adoption. Studies that are adopted on to the portfolio can access infrastructure support and NHS service support costs to help with study promotion, set-up, recruitment, and follow-up

| Funding stream | Deadline |
|---|---|
| Health Services and Delivery Research | Evidence synthesis (straight to full) - 26 April 2018, 1pm |
| | Mental Health Themed Call (Stage 1) - 26 April 2018, 1pm |
| | Researcher-Led - 26 April 2018, 1pm |
| Health Technology Assessment commissioned calls | Evidence synthesis (straight to full) - 24 May 2018, 1pm |
| Invention for Innovation (i4i) | Product Development Awards Call 16 (Stage 1) - 6 June 2018, 1pm |

Funding streams:

- 1. Health Services and Delivery Research (HS&DR):** Funding research to improve the quality, effectiveness and accessibility of the NHS, including evaluations of how the NHS might improve delivery of services. It has two work streams, researcher-led and commissioned.
- 2. Health Technology Assessment (HTA):** Funds research to ensure that health professionals, NHS managers, the public, and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology.
- 3. Invention for innovation (i4i):** Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.

For further details about the funding opportunities through the NIHR, visit: www.nihr.ac.uk/about-us/how-we-are-managed/boards-and-panels/programme-boards-and-panels/



**National Institute for
Health Research**

Contact us R&D

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:

Zara Brining

Research Governance Administrator/PA
Leeds and York Partnership NHS Foundation Trust
First Floor, South Wing
St Mary's House
St Mary's Road
Leeds
LS7 3JX

@LYPFTResearch

T: 0113 85 52387

E: zara.brining@nhs.net

Alison Thompson

Head of Research and Development
Leeds and York Partnership NHS Foundation Trust
First Floor, South Wing
St Mary's House
St Mary's Road
Leeds
LS7 3JX

T: 0113 85 52360

E: athompson11@nhs.net

Qualitative Research Methods – One day workshop

| Date | Venue |
|--|---|
| Monday 30 April 2018 from 9.30am - 4.30pm | Discussion Room 1, Learning Centre Huddersfield Royal Infirmary, Lindley, HD3 3EA |

This is a one-day training course designed to introduce you to the basic principles of qualitative research methods used in health and social care settings. It will also help those who attend to assess their own strengths and weaknesses. With an emphasis on group work and guided learning, participants will have the opportunity to focus upon the planning, conduct and analysis of in-depth interviews.

Course overview:

- to introduce qualitative research principles
- to introduce key elements of interviewing techniques and focus groups
- to demonstrate how to carry out a qualitative research study
- to introduce the principles of Template Analysis

There is no charge to NHS or Care Organisation staff within Health Education Yorkshire and the Humber region; however charges will be incurred

for non-attendance and late cancellations. Once booked, any cancellations made within 7 days of the start of the course or non-attendance will incur a charge of £60.

For more information please contact course leaders Asifa Ali or Lesley Thomis on **01484 343396** or visit: www.cht.nhs.uk/services/non-clinical-services/research-and-development/rd-training-and-skills-programme/