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## Annual Research Forum 2018 – Speaker information

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### **Susan Guthrie and Rebecca Haythorne, Clinical Academic Research Fellows:**

Rebecca and Susan started their new posts on 1<sup>st</sup> October and will introduce themselves and provide a brief overview of their role in the Trust.

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### **Making the impact of research on an organisation visible – the development of a tool for practice**

#### **Abstract:**

**Background:** There is a strong policy steer that research activity should be ‘core’ to NHS business. It is an integral part of the NHS constitution which supports the patient’s right to access research, and enable NHS staff to do a ‘good job’ including access to knowledge about new and effective ways of working. The NIHR has invested in the efficient delivery of high quality research in the NHS, and also provides resources to build clinical academic careers so that practitioners are able to conduct relevant research that aims to improve the health and wealth of the nation. However, these impacts are long term, and not necessarily visible to those, including NHS colleagues, who are trying to balance the management of clinical services along with delivering applied research and enabling clinical academic careers. As well as contributing to the knowledge base, there is evidence that research activity can influence the process of care and the culture of the organisation. Academics have described this as a ‘by-product’ of research, but such outcomes are wholly relevant and impactful for NHS organisations, and are often not recognised nor acknowledged.

**Aims:** This project aims to develop a tool to explore, potentially plan for, capture and make visible such impacts, and provide feedback loops to managers and researchers alike, to maintain momentum for continued research engagement. This presentation will describe how a team of NHS managers and academics from CLAHRC YH have developed an impact tool prototype through a process of coproduction with managers from NHS Trusts, using the literature and stakeholder engagement. Impact domains within the tool include: patient outcomes and experience, systems level change, workforce and culture, and economic impacts. The presentation will share some case study examples from the initial data collection.

### Speaker bio:

**Judith Holliday, Head of Research and Innovation, Mid Yorkshire Hospitals NHS Trust**  
**Research Impact Fellow, NIHR CLAHRC YH**



Judith has experience working across the public, private & community sectors in local, regional and national contexts. She leads research and innovation at Mid Yorkshire Hospitals Trust with responsibility for research quality, delivery and Research and Development (R&D). Judith currently works with a range of partners to deliver high quality research opportunities to improve patient care.

At NIHR CLAHRC YH Judith is working on behalf of ACORN Trusts in the region to develop a tool to collect and make visible the impact of research activity conducted within NHS organisations. This will enable organisations to show more clearly how research activity makes a difference.

She has a background in social research design and delivery with experience across national and regional health, housing strategy, regeneration and development programmes. She has worked for Homes England, Yorkshire Forward (the Regional Development Agency) and the Academy for Sustainable Communities (a national government body leading on skills and knowledge for the delivery of sustainable communities). She has previously led multi-disciplinary research teams and developed an online case study library, produced research reports and programmes of evaluation. Judith is Vice Chair of the Yorkshire and Humber R&D Ops group and an Improvement Fellow of the YH AHSN Improvement Academy. She has a Masters in Social and Public Policy.

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### **DAWN-SMI: exploring Diabetes Attitudes, Wishes and Needs for people with Severe Mental Illness**

#### **Abstract:**

**Aim:** People with severe mental illness (SMI), e.g. schizophrenia or bipolar disorder, are almost three times more likely to have diabetes than the general population, and experience poorer health and healthcare. Little is known about the impact of diabetes for people with SMI; this study investigates the extent of psychosocial problems and compares these to general diabetes population.

**Methods:** We compared cross-sectional survey data collected from 258 adults with diabetes and SMI in England (2017-18), with existing data for 500 adults with diabetes and no SMI in the UK from the DAWN2 (Diabetes Attitudes, Wishes and Needs) study (2012). Effect size tests were used to quantify differences between the two populations.

**Results:** Results from this ongoing study show that people with diabetes and SMI have poorer health-related quality of life and mental wellbeing, and increased levels of diabetes distress compared to people with diabetes and no SMI. People with diabetes and SMI were also more likely to report negative impacts from diabetes on their physical health, work and emotional wellbeing.

**Conclusions:** The psychosocial impact of diabetes is greater for people with SMI. To reduce unacceptable inequalities in diabetes outcomes, people with SMI and diabetes require tailored support for diabetes management.

### Speaker bio:

Jo is a lecturer in applied health research in the Department of Health Sciences at the University of York. She has expertise in qualitative and mixed methods research, evidence synthesis, and developing complex interventions using behavioural science and co-design. Jo has a BA (Hons) in Applied Social Science, and a Masters and PhD in Social Policy from the University of York. Jo's research interests include patient decision-making, self-management of long-term health conditions, and the links between mental and physical illness. Jo also has expertise in patient and public involvement in research.



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## What Works in providing dementia education and training to the health and social care workforce? Results from a national study

### Abstract:

**Background:** There is international recognition of the importance of an effective and knowledgeable dementia workforce. However, while in many nations the availability and uptake of dementia education and training has increased, the quality and impact of this is variable and poorly understood.

**Aims:** The aim of the UK-based *What Works?* study, commissioned by the National Institute for Health Research Policy Research Programme, was to identify what constitutes effective dementia education and training for the health and social care workforce and the organisational conditions most likely to lead to positive impacts.

**Methods:** Methods used were: a systematic review of the dementia education and training literature; a national audit of current UK dementia education and training; a staff knowledge, attitudes and self-confidence survey; and ten in-depth case studies conducted in mental health services, acute care, general practice services and care homes. The case studies collected a wide range of qualitative, observational and quantitative data. An advisory group

comprised of people with dementia and carers supported study design, methods, data interpretation and dissemination.

**Results:** Training that led to positive outcomes was delivered face-to-face, was interactive, tailored to the service setting and role of learners and delivered by an experienced training facilitator with clinical dementia experience. Barriers to training implementation included a lack of time and resources, poor staff attitudes towards training and poor planning in terms of release of staff to attend training. Facilitators included a supportive organisational culture and management, robust leadership for training and a whole systems approach connecting managers, trainers and learners.

### Speaker bio:

Claire Surr is Professor of Dementia Studies and Director of the Centre for Dementia Research at Leeds Beckett University. Claire has recently completed research projects including a trial of the effectiveness and cost-effectiveness of Dementia Care Mapping in care homes, and the What Works? study looking at the ingredients for effective dementia training and education. Her current projects include a study looking at the cancer care and support needs of people with both cancer and dementia and evaluating the introduction of physical activity into Sporting Memories reminiscence groups. Claire sits on Health Education England's Dementia Workforce Advisory Group.



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## Risk of Psychosis in Yorkshire South Asians – Epidemiological, Genetic and Neuroimaging Studies

### Abstract:

The incidence of psychotic disorders was once thought to be quite similar across populations and communities. However, contrary to previous interpretations, the incidence of schizophrenia shows prominent variation (7.7- 43/100,000 Median 15.2) between sites and compared with native-born individuals, migrants have an increased incidence and prevalence of schizophrenia. In the UK this phenomenon was confirmed in African-Caribbean population but the reports from studies among Asian communities were inconsistent. Our naturalistic studies of South Asian population in Leeds, Bradford and Kirklees show increased rates of psychosis among Pakistanis and Bangladeshis and a lower rate in those of Indian origin.

A feature of Pakistani and Bangladeshi communities is the practice of consanguinity or marriage among first cousins. This increases the chances of homozygosity (carrying two copies of an abnormal gene) in children of first cousin parents. We, therefore, studied several Pakistani families with multiple cases of psychosis, on the assumption that they may be propagating a single recessive gene. In one such family we found six cases of schizophrenia in one generation which were investigated clinically and with gene sequencing, neuropsychological testing and functional magnetic resonance imaging. The findings of these studies are going to be discussed in this presentation.

### Speaker bio:

Dr Tariq Mahmood MBBS, M Med SC, FCPS, FRC Psych is an adult psychiatrist based at the Becklin Centre. He is a member of British Association of Psychopharmacology, British Pakistani Psychiatrists Association and European Psychiatrists Association. His spare time is taken up by research and his current interests are epidemiology, genetics, neurocognition and neuroimaging of psychoses.

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## Lessons learned from the RESPECT study: feasibility RCT of a sexual health promotion intervention for people with serious mental illness

### Abstract:

**Background:** People with serious mental health problems, like everyone, value safe and supportive intimate relationships. However, there is evidence that some people with mental health problems are more at risk for sexually transmitted infections, unintended pregnancy and/or exploitation and abuse. Despite these risks, the topic of sex is rarely addressed in routine mental health care and staff report a reluctance to address it due to a lack of knowledge, skills and confidence.

**Aim:** This presentation will report on the results of a National Institute for Health Research (NIHR) feasibility study which took place across four geographical locations in England, UK. The aim of the study was to establish whether it is feasible and acceptable to recruit people to a study of a sexual health promotion intervention, and whether the design (such as the randomisation and data collection) and the intervention was acceptable.

**Methods:** We obtained informed consent for 72 people with serious mental illness who were recruited from community mental health teams. We collected baseline line data on sexual risk behaviour, substance use, knowledge about STIs, condom use, quality of life, and sexual stigma. Participants were independently randomly allocated to a 3 session 1 hour face to face sexual health intervention or treatment as usual. Follow-up data was collected at 3 and 6 months. A sample of 22 also took part in a qualitative interview to explore people's experiences of being in the study. Some of the interviews were conducted by peer researchers.

**Findings:** We will report on the overall findings as well as the qualitative data on the participant experiences, and discuss the recommendations for further research into this important yet overlooked topic.

### Speaker bio:

Elizabeth Hughes is Professor of Mental Health at the School of Healthcare in the Faculty of Medicine and Health at the University of Leeds. She is a mental health nurse by background and has been working in mental health research for nearly 20 years. Her special interests match her clinical experience in acute mental health care and substance use treatment services. She has developed a programme of research related to the intersection of sexual health, sexuality and sexual violence and mental health. She is leading and contributing to

NIHR funded studies on this topic, as well as publishing her work and presenting it at national and international conferences. She is also RCN clinical advisor for sexual safety.

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## **SCIMITAR+: a definitive randomised controlled trial of a smoking cessation intervention for people with severe mental ill health**

### **Abstract:**

**Background:** People with severe mental ill health experience poorer physical health than those in the general population and because of this die on average 15-20 years earlier than the general population. One of the biggest causes of these early deaths is smoking. People with severe mental ill health are more likely to smoke, with up to 70% of people with severe mental ill health being smokers compared to about 17% of the general population. Despite this when asked people with severe mental ill health are just as likely to say they want to do something about their smoking but do not access standard stop smoking services. The SCIMITAR+ trial is a trial of a bespoke smoking cessation intervention for people with severe mental ill health compared to usual stop smoking services.

**Methods:** SCIMITAR+ is a multi-centre two-arm parallel group pragmatic randomised controlled trial comparing a bespoke smoking cessation intervention delivered by a trained mental health professional to standard stop smoking services. Participants were identified in primary and secondary care, and the primary outcome was participants self-reporting that they had quit, verified by a carbon monoxide breath measure at 12 months.

**Results:** Five hundred and twenty six participants were recruited to the trial between October 2015 and December 2016 making SCIMITAR+ the largest trial to our knowledge to investigate a bespoke smoking cessation intervention for people with severe mental ill health.

**Conclusion:** People with severe mental ill health want to do something about their smoking and are willing to engage with a bespoke smoking cessation intervention.

### **Speaker bio:**

Emily is a Research Fellow in the Mental Health and Addiction Research Group and currently manages the SCIMITAR+ trial and the Lifestyle Health and Wellbeing cohort. These studies are both looking at improving the physical health of people with severe mental ill health. Emily's background is as a research chemist where she worked for several years before completing her PhD in Health Services Research at the University of Leeds in 2012. Emily has experience of using both qualitative and quantitative research methodologies.

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## How does rumination influence the relationship between socioeconomic environment and mental health?

### Abstract:

**Background:** There is varied evidence suggesting both a direct and indirect influence of socioeconomic determinants on mental health outcomes. However, there remains a gap in knowledge in relation to the specific pathways of effect at the individual-level. Furthermore, the extent to which these mechanisms are shared across mental health difficulties is unclear.

**Aims and methods:** The present study employs a psychosocial approach to mental health to propose that external factors affect psychological processes, which in turn can lead to mental health or illness. In particular, it focuses on the cognitive process of rumination – as a form of repetitive thinking – and aims to investigate the phenomenon in an integrative way across different mental health conditions in adults by examining the relationship between individual socioeconomic status, rumination, and mental health. As such, the study is transdiagnostic, comparing people with bipolar disorder, depression, psychosis and those without mental health problems, from a range of socioeconomic backgrounds. It employs different methods, using self-report questionnaires to measure levels of rumination, and qualitative interviews to examine the experience and content of rumination and explore any differences between the different groups.

### Speaker bio:

Katerina is passionate about mental health issues. She is currently a PhD candidate at Lancaster University, funded by NIHR CLAHRC NWC. Her PhD project investigates the relationship between mental health and the socioeconomic environment. She is also involved with other studies conducted by the Spectrum Centre for Mental Health Research, looking at recovery, bipolar disorder, and carers' experiences. Before moving north, she worked with people with complex needs and learning disabilities both in the UK and abroad. You can contact her at: [k.panagaki@lancaster.ac.uk](mailto:k.panagaki@lancaster.ac.uk)

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## The DISTRESSED Study

### Abstract:

**Background:** People with dementia in hospital are susceptible to delirium, pain and psychological symptoms. These diagnoses are associated with worse patient outcomes, yet are often underdiagnosed, and undertreated. A universal state for people experiencing delirium, pain and psychological symptoms is distress. Screening for distress may therefore be a sensitive way of recognising unmet need that warrants further investigation to improve diagnostic rates and treatment.

Based on prior published qualitative data and focus groups, we have developed the Distress Recognition Tool (DRT); a single question tool, incorporated into existing, routine, hospital patient physical observation monitoring. It encourages the use of staff innate skill, as well as inviting carer participation to screen for distress in people with dementia.

**Methods:** We tested the feasibility of the DRT in people with dementia admitted on two general hospital wards. Mixed methods were used to assess uptake and potential mechanisms of impact, including frequency of use, observation of ward processes and semi-structured interviews with primary stakeholders.

Over a 52-day period in 32 patients the DRT was completed 312 times; an average of 0.9 times per patient per day. Where participants had an identified carer, 83% contributed to the assessment at least once during the admission. Evidence of how the DRT influenced patient care was limited, however, feedback was positive and practical suggestions for improvements were made.

### Speaker bio:

Dr George Crowther is a Consultant in Old Age Liaison Psychiatry at Leeds and York Partnership NHS Foundation Trust and a visiting senior lecturer in Old Age Psychiatry at the University of Leeds, having previously been a NIHR Clinical Lecturer. George's clinical and research interests lie in the management of complex dementia symptoms. Research work to date includes the describing complex dementia symptoms in a general hospital setting, and more recently the design and testing of a distress screening tool for use on people with severe dementia in a general hospital setting. This research formed the basis of his PhD. George's other area of research interest is the pharmacological management of behavioural and psychological symptoms of dementia.



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## Service User-Probation Relationships: Do we make a difference?

### Abstract:

**Background & Aims:** The Yorkshire and Humber Personality Disorder Partnership (YHPDP) provides psychological consultation and formulation to Offender Managers (OMs) within the National Probation Service as part of the implementation of the Offender Personality Disorder strategy. The strategy highlights the importance of formulation led case management to develop pathways for offenders with personality difficulties who are at risk of causing serious harm to others. Here we aim to begin to think about whether consultation to OMs impacts on the working alliance between OMs and service users (SUs) asking the question; what, if any, is the impact of psychological consultation and formulation on the relationship between SUs and OMs?

**Methods:** Semi-structured interviews were carried out with five OMs from across the region who had engaged in at least three consultations with YHPDP psychologists/psychotherapists.

**Analysis:** Qualitative methods were used to analyse the data, specifically Interpretative Phenomenological Analysis which is particularly useful when dealing with complexity, process or novelty as is the case here.

**Findings:** OMs spoke of being in a difficult place pre-consultation. The process of consultation was interpreted as providing an attachment style relationship for OMs; providing

containment, a chance to 'step out' of potentially unhelpful relational dynamics, connect to the vulnerability of SUs and to increase OMs self-awareness. OMs then felt more confident to take a different way of thinking into the relationship, which enabled them to respond in a different way and to consciously hold this new awareness in the context of managing risk.

### Speaker bios:

Beth Carrington is an Assistant Psychologist working for the Offender Pathway Development Service in Leeds. Her current research orientated role has enabled her to explore qualitative research methods which she has enjoyed as she is interested in gaining an insight into the experiences of others and how individuals understand their experiences.

Kay Radcliffe is a Senior Clinical Psychologist working for the Offender Pathway Development Service in Leeds. During her clinical training and since qualifying she has developed an interest in using qualitative research methods to explore and understand service users' experiences of therapeutic relationships.

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## Supported self-management for adults with a learning disability and Type 2 diabetes: the OK Diabetes project

### Abstract:

**Background:** Adults with learning disabilities are known to have poor physical health and shockingly high rates of premature mortality. Most mainstream research excludes people with a learning disability and many physical health services do not make all the necessary adjustments to enable their full participation.

In this presentation we will outline our experience in the OK-Diabetes project. We will summarise the background evidence of need, review the steps we took to ensure adjustment to research processes and assessment of capacity and consent. We will review the main findings of the study and describe subsequent steps to ensure maximum impact of the research.

### Speaker bios:

Professor Allan House graduated from St Bartholomew's Hospital in London. He is a Professor of Liaison Psychiatry and head of the division of psychological and social medicine in Leeds Institute of Health Sciences. Liaison Psychiatry is the sub-specialty of psychiatry concerned with psychiatric practice in non-psychiatric settings, especially general hospitals.



Professor Allan House is a member of a multi-disciplinary research group, which undertakes research into psychosocial aspects of physical illness. His own research interests cover a number of aspects of liaison psychiatry – especially psychiatric co-morbidity complicating physical illness, unexplained medical presentations and self-harm. [http://medhealth.leeds.ac.uk/profile/600/533/allan\\_house](http://medhealth.leeds.ac.uk/profile/600/533/allan_house)



Alison Stansfield, MBChB, MRCPsych, MD is the clinical lead and consultant psychiatrist for the Leeds Autism Diagnostic Service (LADS). She is a regular lecturer for the Andrew Sims Centre on topics such as autism, learning disabilities and capacity. She was recently involved in a filming project with NHS employers to produce accessible films for GPs on autism. She did her undergraduate medical degree at Leicester University (MBChB 1989), and received her medical doctorate from Leeds University in 2007.

Before her role as clinical lead for LADS, she was the Associate Medical Director for Learning Disabilities from 2010 to 2013. She has been published in medical journals and also co-authored “A Clinician’s Brief Guide to the Mental Capacity Act,” June 2013 (2nd edition 2015) and has provided expert reports for the Court of Protection. She has written several chapters for a new BMJ book on autism.