NHS
Leeds and York Partnership
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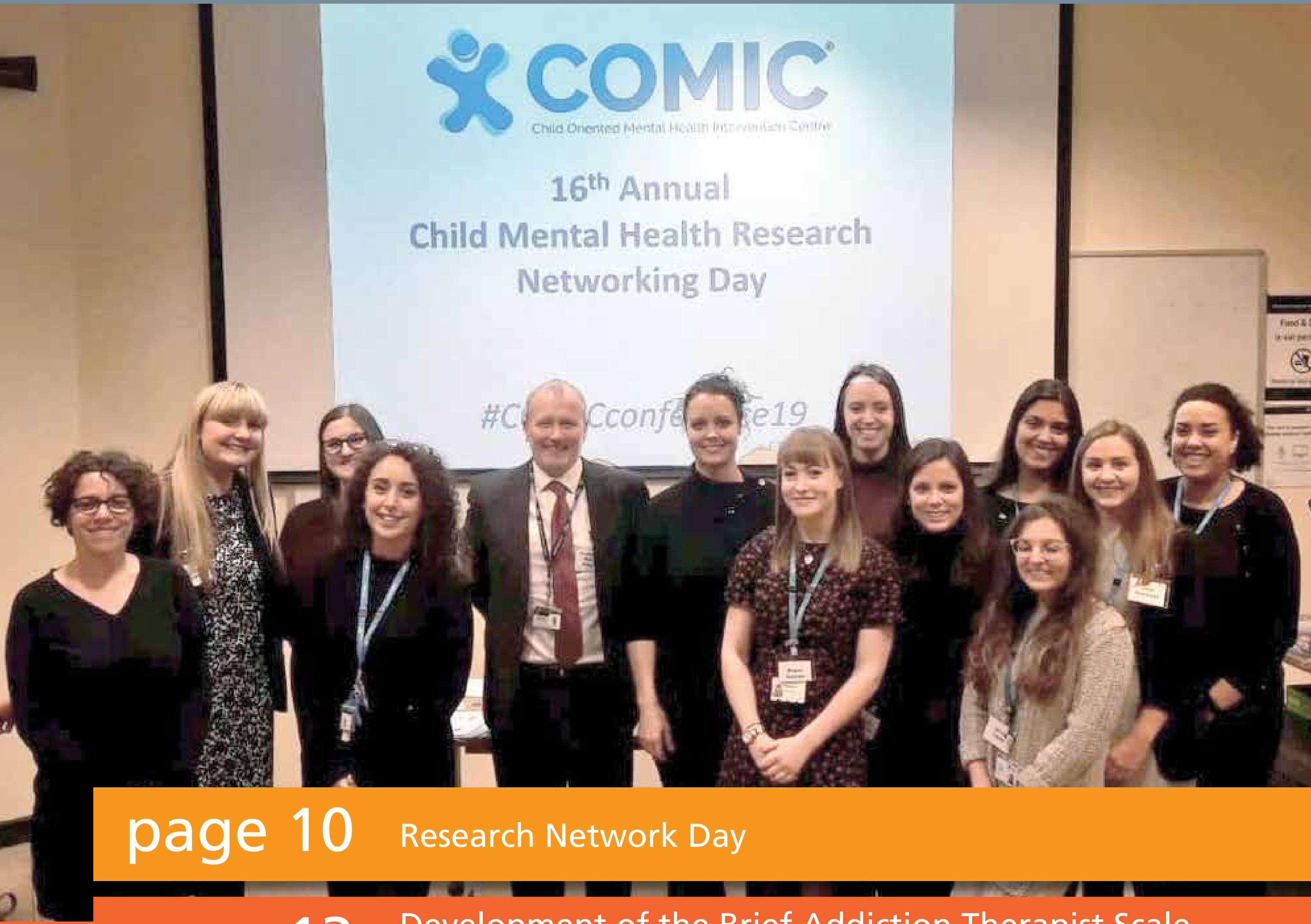
R & D

# Innovation

Research and Development Newsletter



www.leedsandyorkpft.nhs.uk/research

August 2019 Issue 36

# Contents

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

# Welcome to the 36th edition of Innovation, our Trust's Research and Development newsletter.

Research in the Trust is going from strength to strength. A key development this year has been the introduction of a new collective leadership structure. Three Clinical Leads for R&D came into post on 1 April 2019 for an initial three year period: Dr Max Henderson (Liaison Psychiatry), Professor Barry Wright (CAMHS) and Dr George Crowther (Dementia) who will cover research relating to people of working age, under 18s and over 65s respectively. The intention is to focus on generating new research ideas and grant income in these existing areas of research expertise, increase the spread of research across more clinical specialties and develop more research active staff across all professional groups.

Looking back, there is much to celebrate and the Research Annual Report 2018-19 details the Trust's research achievements and successes, notably involving our service users and carers, in collaboration with many academic partners, other NHS trusts, schools and the third sector. This report will be available on staffnet and the Trust website after it has been approved by Trustwide Clinical Governance and ratified by Quality Committee.

You will have been aware of and perhaps involved in the Trust's recent Care Quality Commission's well-led inspection. This year has seen the incorporation of research into the framework the inspectors use to assess quality. This provides us with a good opportunity to demonstrate how we contribute to developing new ways and means by which we can improve the health and lives of those who use our services through research.

This edition of Innovation gives you information about some recently completed projects:

- Leeds PD Network Carers Group 2016-2018: Evaluation Report
- Review of Models of MDT working in Older People's Community Mental Health Teams
- A service evaluation of piloting the 'Living Well with Dementia group' within our service, aiming to facilitate the adjustment of service users with a diagnosis of dementia
- Development of the Brief Addiction Therapist Scale (BATS)
- Exploring staff attitudes towards service users' sexual activity and sexual relationships on low secure forensic inpatient wards
- Can the type of psychiatry placement affect a Foundation Year Doctor's overall perspective of the speciality?
- Ethnicity Matters: Cultural Competence in Mental Healthcare
- Smoking Cessation Intervention for People with Severe Mental Ill Health: SCIMITAR+ Trial

In addition, you can read about highlights from the 16th Annual Child Mental Health Research Network Day, excellent feedback from the first Patient Research Experience Survey and highlights and achievements in Dementia Research in the Trust. The NIHR funding deadlines are included, as usual.

**Alison Thompson**
**Head of Research and Development**

Athompson11@nhs.net or **0113 85 52360**

Completed Project

# Cygnus: Leeds Personality Disorder Ne

## Introduction

Cygnus, a group for carers, was piloted by Leeds PD Services in November-December 2016. The group aimed to provide education about personality disorder, to support carers in thinking about what caring for someone with a personality disorder might entail, and to consider self-care as an essential part of caring.

Feedback from this initial group suggested the group was highly valued and that there is a continuing unmet need for support for carers. It was agreed to run the psychoeducational group three times during each financial year, with the groups running at different times of day and in different venues in order to improve accessibility.

## Group information

To date 34 carers have attended over the six groups, as detailed in the table below:

| Date | Time | Venue | Facilitators | Completed group | Dropped out |
|---|---|---|---|---|---|
| Nov 16 | Evening | Vale Circles | Clinical Psychologist and Care Coordinator | 7 | 1 |
| Apr 17 | Evening | Vale Circles | Clinical Psychologist and Care Coordinator | 5 | 1 |
| Nov 17 | Daytime | Stocks Hill | Clinical Psychologist and Carer Consultant | 3 | 2 |
| Feb 18 | Daytime | Lovell Park | Care Coordinator and Carer Consultant | 4 | 2 |
| May 18 | Evening | Vale Circles | Care Coordinator and Carer Consultant | 5 | 0 |
| Oct 18 | Daytime | Stocks Hill | Senior Mental Health Practitioner and Carer Consultant | 3 | 1 |

## Demographic Information

**Gender:** 12 participants were males and 22 were females.

**Age:** Participants ranged in age from 18 to over 65, with more than half the participants being aged 46-65

**Ethinicity:** The majority of participants identified as White British (30); two participants identified as Pakistani or Mixed heritage; and two participants declined to answer this question.

**Cared-for person:** The majority of participants were carers for their adult child (13) or for their spouse/partner (11).

**Contact with services:** About half of the participants care for someone who has been a service user with Leeds Personality Disorder Services. About half of the participants had previous contact with Carers Leeds.

## Group Outcomes

Group outcomes have been similar across the groups and suggest that group members are very satisfied with the group, that they gain significant benefit in developing their knowledge and skills regarding personality disorder, and that their individual personal wellbeing is improved.

- **Personality Disorder: Knowledge and Skills Questionnaire (PD-KASQ, Bolton et al, 2010)**, adapted for Carers: T-test indicates a statistically significant change in scores ($p<0.01$) indicating improved knowledge and understanding of personality disorder and that the carers are feeling more skilled in supporting the person for whom they care.

- **Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)**: T-test indicates a statistically significant change in scores (p=0.011) indicating improved personal wellbeing.
- **Carer Satisfaction Questionnaire (Larsen et al., 1979, adapted)**: Satisfaction ratings for the group were high, with the majority of responses falling into the 'very satisfied' or 'mostly satisfied' categories, with no responses falling into the 'unsatisfied' category. Brief thematic analysis of open responses in the questionnaire identified some key themes:

### What was helpful about the group?

- Opportunity to share experiences with other carers
- Feeling validated and hopeful
- Opportunity to learn about personality disorder
- Facilitators perceived as interested, helpful, professional, knowledgeable and experienced

### What could be better?

- More time to discuss topics and issues in-depth
- More opportunities for discussions in pairs/small groups
- The group should lead on to further ongoing support
- A need for balance between specific topics and more 'open space' for support

## Service Outcomes

1. Cygnus, the psychoeducational group will continue to run 2-3 times per year. Three groups are planned for 2019
2. A Peer Support group, Andromeda, has been facilitated bimonthly in partnership with Carers Leeds since June 2017. The group has been well-attended with approximately 5-8 attendees at each meeting
3. Three Carer Consultants have been recruited to co-facilitate Cygnus groups
4. Alice Holland, Carer Consultant, was awarded Volunteer of the Year award in the November LYPFT Trust Awards
5. A new Carers Involvement group, Orion, has formed recently to support service delivery and improvement and is developing a new information package for carers
6. A short animated film about the Carers Group has been co-produced with carers and is available on the Trust website.

## Additional Progress

1. Research Forum: A presentation about the group was co-produced and co-presented by Ruth Sutherland and Alice Holland at the LYPFT Research Forum in November 2017. A systematic literature review is being undertaken, with plans for further research regarding the needs of carers and the development of suitable interventions.
2. BIGSPD: A presentation about the group was co-produced and co-presented by Ruth Sutherland and Alice Holland at BIGSPD in March 2018.
3. PD Conference: A workshop on working with Experts-by-Experience was co-produced and co-presented by Ruth Sutherland and Alice Holland at the Leeds PD Conference in 2018.
4. Cygnus Manual: The Cygnus Group manual is being developed for publication and dissemination.

**Ruth Sutherland, March 2019**
ruthsutherland1@nhs.net

# Dementia Research in LYPFT: Highlights and

NICE guidelines state that all people with dementia should be provided with information on research and the Prime Minister's Dementia 2020 challenge to the Department of Health and Social Care resulted in the following research objectives:

1. Every newly diagnosed person with dementia and their carers will receive information on, and access to, research opportunities through Join Dementia Research
2. All relevant staff will be able to signpost interested individuals to research via Join Dementia Research
3. 25% of people with dementia will be registered on Join Dementia Research
4. 10% of people with dementia will be participating in a research study.

The R&D department looked at ways to simplify engagement in dementia research and did outreach work in local communities to spread the word about dementia research. As a result we've seen:

- An increase in referrals to dementia research studies from memory service staff
- A 96% increase in registrations of people with dementia on JDR in 2018
- Leeds Clinical Commissioning Group (CCG) finishing 2018 in the top 20 UK regions for percentage of people with dementia registered on JDR.

## Embedding Research in Care

To strengthen our relationship with clinical services we identified a specific link person between memory services and the research team. Holly regularly attended memory service and senior manager meetings and acted as point of contact for clinical staff.

Doing this had a number of benefits including:

- Developing closer working relationships between the research team and memory services, and embedding research within clinical teams.
- Keeping the service up to date on current projects including updates on study progress and disseminating research outcomes.
- Keeping up to date on changes allowing us to identify relevant studies that fit with our services.

We want clinicians to feel involved in the trusts dementia research without having to remember all the details of our projects. To encourage clinicians to talk about research we requested they ask two simple questions to every service user they see:

Dementia Research Referral Form

Holly Taylor
Research Assistant

"Would you be interested in hearing about dementia research we have running in our trust?"

"Are you happy for me to pass your details on to Holly our dementia research assistant?"

If Yes

Please contact Holly with patient details.

If NO, please give Join Dementia Research Registration form and let them know they if they are interested in the future, they can register to find out about local and national dementia research opportunities.

# Achievements

## Sharing the Value of Research

As part of Dementia Action Week 2018 we held a dementia research day to show research participants and staff that their involvement in research is meaningful. Experts from across the country came to share results and knowledge from their dementia research studies. Holly won the STAR award for her contribution marking the first time we had a specific dementia research day for service users, carers, trust staff and academics. The research team also visited 15 memory cafes throughout the city to spread the word about Join Dementia Research (JDR). We joined people in their local communities to chat about the benefits of research and support people to sign up to JDR.

## Next steps

2018 was a big year for dementia research within the trust, however there is still a considerable way to go to meet the Dementia 2020 challenge. The community redesign has implications for embedding research into care and it is important that as research department we adapt our approach to mirror the change in our services. We will continue the work to ensure that everybody with dementia accessing our trust is given the opportunity to take part in research.

A simple online awareness tool has been developed for NHS staff to learn more about JDR and how they can help patients access dementia research opportunities.
**www.joindementiaresearch.nihr.ac.uk**

Crystal (Research Assistant) with Iria (Activity coordinator) at the Hug in a mug memory café Seacroft Grange Care Village

Holly Taylor, Research Assistant

Emma (Research Assistant) and Alicia (Clinical Studies Officer) with Thunder the Therapy dog at the Tea Cosy Café, Rothwell

**Holly Taylor**
**hollytaylor2@nhs.net**

Completed Project

# Review of Models of MDT working in Mental Health Teams

## Introduction

Multidisciplinary team (MDT) meetings are an integral part of care delivered by Community Mental Health Teams (CMHTs) and are supported by recommendations from the NHS (Swientozielskyj S. NHS England January 2015) and Department of Health (DoH) (DoH, 2007). They are widely regarded as an effective way to use the knowledge, skills and best practice of multiple professionals across service/provider boundaries, to make decisions based on an improved collective understanding of the often complex needs of the patient and in so doing improve outcomes. They also convey benefits for staff through the provision of peer-support, maximisation of effectiveness, cross-fertilisation of skills and streamlining of work practices. As a result multidisciplinary working is now standard practice across all mental health services in the UK. However, MDT meetings have challenges eg resource-intensity and decision-making. There is limited guidance on the structure, process or content of MDT meetings in the community setting and anecdotal reports from staff in Older People's community services (OPS) have suggested differing approaches used for MDT content, format, organisation and professional representation.

With the implementation of the new model for OPS a review of practice is particularly timely.

## Aims

1. Review the current structure and content of CMHT MDTs within OPS via a staff questionnaire and discussion with senior clinicians.
2. Conduct thematic analysis of the results mapped against evidence-based literature criteria.
3. Share the evaluation findings with clinicians and managers working within OPS to develop a shared model to improve ways of working and reduce inappropriate variation.

## Study design

The evaluation comprised qualitative and quantitative components:

1. **Qualitative data:**

   A questionnaire gathered the opinion of staff (psychiatrists, community mental health nurses, psychologists and allied healthcare professionals) working within the CMHTs of the West North West (WNW), South South East (SSE) and East North East (ENE) sectors. To ensure anonymity and enable staff members to feel able to provide their open and honest opinions of MDT working the results were not sub-divided by locality or professional group. The questionnaire's 23 questions included 19 multiple choice and 4 open questions with free text boxes.

2. **Quantitative data:**

   Quantitative data were gathered via the informatics team ie population size of each sector and number of referrals over the past 12 months.

   The questionnaire link was emailed to the 3 locality Clinical Leads for distribution to all OPS staff. The questionnaire was anonymous; there was no identifiable information. The data were analysed using Microsoft Excel® and Survey Monkey® software.

## Results

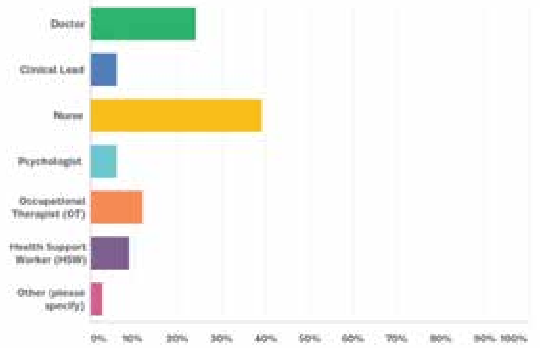
The results were grouped into 4 themes identified in the systemic review 'Multidisciplinary team meetings in community mental health: a systematic review of the functions' Nic a Bhaird et al, 2016. These were:

1. Discussing the care of individual patients
2. Teamwork
3. Team management
4. Learning and development

Questionnaires were completed by 33 staff members representing all the MDT professional groups:

# Older People's Community

### Graph 1: Participants by Profession



## Recommendations

A standardised approach to the MDT would enable their effectiveness to be understood, monitored and evaluated. These findings and evidence from Raine.R. 2014, suggest that teams consider the following structure to further develop and enhance their MDT meetings:

### 1. Purpose and functions of MDT meetings

- i) The primary objective of MDT meetings should be to agree treatment plans for patients. Other functions are important but should not take precedence.
- ii) MDT discussions should result in admin staff documenting an electronic treatment plan for each patient discussed
- iii) The objectives of MDT meetings should be explicitly agreed, reviewed and documented by each team
- iv) Explaining the function of the MDT should be part of induction for new staff
- v) There should be a formal mechanism for discussing recruitment to trials in MDT meetings (e.g. having clinical trials as an agenda item)

### 2. MDT meeting processes

- i) All new patients should be discussed even if a clear protocol exists
- ii) The meeting should be chaired by the Clinical lead or consultant who has been trained in chairing skills
- iii) Teams should agree what information should be presented for patients being discussed
- iv) The objectives of the MDT meeting should be reviewed yearly
- v) The MDT should be audited against the agreed objectives (e.g. every 2 years)
- vi) Implementation of MDT decisions should be audited annually
- vii) Where a MDT meeting decision is changed, the reason should always be documented
- viii) There should be a named implementer documented with each decision
- ix) MDT meetings should typically last 60-90 minutes.

### 3. Content of discussion in MDT meetings

- i) Comorbidities should be routinely discussed at MDT meetings
- ii) Patients' past medical history should be routinely available at the MDT meeting.

### 4. The role of the patient in MDT meetings

- i) The MDT should actively seek all possible treatment options, and discuss these with the patient after the meeting
- ii) Patients should be given verbal feedback about the meeting outcome
- iii) Where it would be potentially inappropriate to share the content of an MDT discussion with the patient the decision not to give feedback should be formally agreed and noted at the meeting by the team.

The above recommendations were presented to the OPS's Information Governance meeting in December 2018.

# Highlights from 16th Annual Child Mental H

The 16th Annual Child Mental Health Research Network Day was held at the University of York on the 11th of January 2019. Hosted by the Child Oriented Mental health intervention Centre (COMIC) research team, the day brought together a diverse range of researchers and health professionals with an interest in child mental health research.

Professor Barry Wright opened the day and welcomed all those in attendance. Richard Andrews, CEO of Healios, delivered an exciting presentation regarding the use of technology and apps in delivering mental health interventions for young people. Richard described how the technology provides flexibility for families, so interventions fit around their lives and how this way of delivering the interventions has been positive for clinicians. Richard also outlined how assessments can be completed within the app. The next presentation was given by COMIC Research Assistant Megan Garside. Megan presented about the Cluster Schools Project, a study which identified and then evaluated the mental health and wellbeing services in 21 mainstream secondary schools across Yorkshire and Humber. The presentation included some initial results comparing different high school year groups, showing differences from pupils in year 8 in comparison to those in year 11 on the Strength and Difficulties Questionnaire subscales.

Ellen Kingsley, Research Fellow and Roshanak Nekooi, Research Assistant, provided an update on the ongoing I-SOCIALISE study. I-SOCIALISE is a cluster randomised controlled trial that is examining the effectiveness of LEGO®-based therapy for children with autism. The study has received positive feedback from participating schools and the research team hope to present results at next year's Annual Child Mental Health Research Network Day. Dr Lisa-Marie Henderson presented some fascinating findings regarding sleep and memory consolidation in children who were typically developing compared with children who have autism. Sleep improves vocabulary consolidation.

Dr Elena Ratschen's presentation outlined initial feasibility research plans of investigating animal-assisted interventions for child mental health and also showed how therapy dogs are currently being used to support children. The next presentation was given by Rachel Hodkinson, Research Assistant and Olivia Taylor, Trial Support Officer, who discussed the ASSSIST2 study which is examining the effectiveness of Social StoriesTM for children with autism. The ASSSIST2 study is currently recruiting participants across Yorkshire and Humber.

Dr Catarina Teige, Research Fellow, outlined a feasibility research study which is investigating the role of microRNAs and if we could collect them and analyse in the future to test whether there may be biomarkers in autism. Autism has strong genetic heritability. This presentation received a lot of interest, especially with regard to the collection of data. Emily Hayward, Research Assistant and Hannah Edwards, Research Assistant, spoke about the Alleviating Specific Phobias Experienced by Children Trial (ASPECT). Emily and Hannah gave an insight into the different phobias they have seen on the randomised controlled trial so far and described how they set up single and multi-session therapy for these specific fears.

# ealth Research Network Day 2019

After lunch Danielle Varley, Research Programme Manager, shared the progress of a systematic review of systematic reviews exploring reasons for self-harm in young people. There has been a rise in figures of self-harm in young people. One of the aims of the systematic review is to explore the possible reasons why children and young people are self-harming. This was followed by an interesting presentation regarding defining 'Social Media' and the use of it as being positive or negative. Daniel Johnston, PhD student at the University of York, presented an exciting ongoing study to reduce or eliminate specific sound phobias for children with autism. Using an interactive game and sound field, the intervention allows children to play an interactive game which they are in control of, whilst the sound they fear is slowly introduced into the sound field. Professor Barry Wright gave the final presentation which summarised the future plans for the COMIC research team, including some impressive grant applications that are in submission or in preparation. Barry thanked the presenters, audience, organisers and interpreters.

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 of the attendees, presenters and the two British Sign Language interpreters, Russell and Hayley. If you would like any more information about our research or information about future conferences and events, please contact research.comic@nhs.net to be added to the mailing list. You can also visit our website www.comic.org.uk for more information about our team and current projects.

**Danielle Varley**
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**Olivia Taylor**
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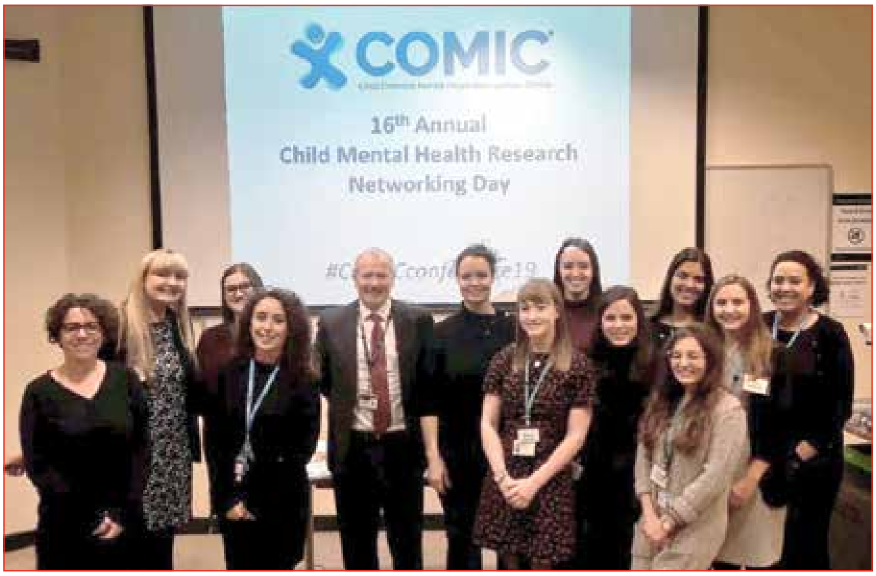

Completed Project

# A service evaluation of piloting the 'Living Well with Dementia group'

The Living Well with Dementia (LWWD) group is a ten week manualised group intervention that 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. Although the group has been run in other areas of the country, it has only been run once before 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. From feedback that was provided by group attendees and their relatives:

- The group was satisfactory, supportive, interesting and enjoyable.
- The group met people's needs.
- The group was helpful in terms of promoting adjustment to diagnosis.
- The information and advice provided was useful and informative.
- The relaxation exercises and strategies discussed were beneficial.
- The peer support gained was valuable.

However, convincing evidence of benefit was not found from the questionnaires that group attendees and relatives completed before and after the group. Although provisional benefit was found in terms of the group improving attendees' mood, few other beneficial changes were captured. This may have been for many reasons:

- The number of people who attended the group was small. If other people had attended the group, their experiences may have been different.
- The benefits of the group may have been more clearly seen if it had been possible to compare the experiences of group attendees with the experiences of people with dementia who did not receive any intervention.
- The group may be more helpful for people experiencing greater distress before the group.
- Different questionnaires may have better captured change, such as questionnaires that ask more specifically about adjustment and wellbeing.
- Questionnaires may not be the best way to identify change.

## Recomendations

In the context of the Community Redesign with limited capacity within psychology, thought must be given to which psychosocial interventions are prioritised. If the LWWD group is prioritised, consideration should be given to the role that psychology plays in its delivery and whether the group should be run in collaboration with other Health Care Professionals and/or third sector organisations. Should the LWWD group be rolled out, it is recommended that more people are invited to the group to ensure larger group numbers, the group takes place in a more central location within the city with referrals being taken citywide, more detailed guidance is given to referrers to ensure that the people who are most likely to benefit from the group are invited to attend and that questionnaires focusing more specifically on adjustment and wellbeing are used as outcome measures.

Project Team: **Dr Sarah Canning (Clinical Psychologist), Gemma Robinson (Assistant Psychologist), Dr Kristien Haepers (Consultant Clinical Psychologist), Dr Michael Jubb (Clinical Psychologist)**

Group Facilitators: **Dr Sarah Canning, Emma Howarth (Psychologist in Clinical Training)**

Clinical Supervisor: **Dr Kristien Haepers**

Completed Project

# Development of the Brief Addiction Therapist Scale (BATS)

Addictions present a major challenge to health and social services in the UK. Treatments are provided by a range of agencies, many third sector, and traditionally these have struggled to be properly resourced.

In this environment, it has become even more important that therapists delivering treatments are supported. This need was recognised by Alcohol Research UK and the Society for Study of Addiction who funded the project to develop the Brief Addiction Therapist Scale (BATS), a tool for monitoring and evaluating therapists' delivery of psychological therapies widely used in routine practice for alcohol and drug use problems. A multimethod design, comprising four studies, was used to develop the scale.

**Study 1** identified twenty-six measures from the literature that evaluate therapists' delivery of psychological therapies used for addressing alcohol and drug use problems.

**Study 2** generated items and response formats for potential inclusion in the BATS, using the identified measures as a basis. Generation of the items was primarily based on the results of a thematic analysis; eighteen exemplar items were developed.

**Study 3** generated a consensus, among experts in the fields of addiction and psychotherapy on the content of the BATS. Group agreement on 12 scale items (from an initial pool of 18 items) and the response format was reached using a modified three-round Delphi survey. These items formed the first version of the BATS.

**Study 4** developed the BATS further by testing its psychometric properties. The results showed that the BATS is a reliable and valid method for evaluating treatment delivery in routine practice, improving our understanding of the process of therapy in addiction and potentially providing a tool to enhance supervision and identify training needs.

There is good evidence for the utility of the BATS in routine practice. As part of the project, we engaged with frontline services raising awareness of the need and the utility of the new tool; as a result one NHS addiction service has already incorporated the scale to support peer supervision. Permission to use the BATS has been given to addiction services in Estonia and Wales. Further, the BATS has been added to the RESULT addiction outcomes website which supports health professionals to deliver effective alcohol and drug treatment (**www.result4addiction.net/my-practice/**). Preliminary work is being undertaken to examine the relationship between the BATS and treatment outcome, highlighting the scale's value in facilitating future research. The real world application of the BATS provides a useful tool for training and supervision, which has the potential to impact on therapist competence and treatment delivery.

The project was conducted as part of my PhD, and was supervised by:

i) **Dr Gary Latchford, Leeds Institute of Health Sciences, University of Leeds**

ii) **Associate Professor Bridgette Bewick, Leeds Institute of Health Sciences, University of Leeds**

iii) **Dr Gillian Tober, Leeds Addiction Unit, Leeds and York Partnership NHS Foundation Trust**

**Helen Crosby**

B A T S
Brief Addiction Therapist Scale

Completed Project

# Exploring staff attitudes towards service users’ sexual activity and sexual relationships on low secure forensic inpatient wards

## Introduction

- Sex is a basic human need and right that is often overlooked in forensic mental health inpatient services (Quinn & Happell, 2014), with the UK found to be one of the most prohibitive of the 14 European countries studied (Tiwana, McDonald & Vollm, 2016)
- Denying service users this right may have a negative impact on their psychological well-being (Perlin & Lynch, 2014)
- LYPFT has no policy or procedure concerning service users’ sexual activity or relationships
- The research team were interested in exploring staff attitudes towards service users’ sexual activity and relationships (perceived benefits and risks), and around supporting service users to meet their sexual needs
- The study aimed to examine staff members’ decision-making processes around service users’ sexual needs and behaviours: how decisions are made and what informs them.

## Methodology

Two focus groups were held with service users to ascertain their thoughts about the research topic and to inform research questions. Thirteen participants were recruited from across the multidisciplinary teams in five forensic inpatient wards across two sites. Participants completed anonymous questionnaires online. The data were analysed using thematic analysis.

## Results

1. Overarching theme: achieving a balance between service users’ well-being and safety.
2. Participants generally constructed sex as positive for service users, and were mostly comfortable / confident to talk about it.
3. However, prevalent in participants’ accounts was a need to protect staff, service users, and others. Issues were raised around capacity, consent, vulnerabilities, exploitation, etc. This anxiety seemed to come from uncertainty and a ‘not knowing’ (i.e. a lack of training, guidance, policy, etc.) As such, many participants were basing decisions on their own personal experience and moral values.

## Recommendations

A procedure/guidance is developed regarding service users’ sexual activity and sexual relationships on low secure forensic inpatient wards.

Consideration is given to including service users’ sexual activity and sexual relationships in Multidisciplinary team meetings where applicable.

**Dr Davina Patel (LYPFT)**
**Davina.patel1@nhs.net**

**Jane Ellis and Alexis Ng.**

Completed Project

# Can the type of psychiatry placement affect a Foundation Year Doctor's overall perspective of the speciality?

## Introduction

Psychiatry is currently struggling to recruit sufficient applicants to the core training programme. Many studies have looked at the experience of medical students during their psychiatry placement and the affect this has on their perspective of the profession.

Following a drive by Medical Education England there has been an increase in the number of foundation year (FY) doctor placements in psychiatry. The potential recruitment opportunity has been suggested in several previous studies. This study develops previous research by exploring the FY doctor's experience during their psychiatry placements.

Over the last 10 years Leeds have hosted up to 7 different types of FY posts from; working age and old age adult inpatient, intensive community service, crisis team, working age and old age adult liaison psychiatry to eating disorders. This study aimed to identify whether any variation exists in FY doctors' experiences of psychiatry, depending on their placement type and whether this affects the FY doctors' developing perspective of the profession.

## Method

The study sampled data from 33 FY doctors from 2 consecutive cohorts of doctors during their rotation from August 2017 and December 2017, using a semi-qualitative questionnaire given to the FY doctors at three time points (beginning, middle and end) of their placement. A reason for using these time points was to capture their developing perspectives of the profession. Thematic analysis was used on each data set. Due to several similarities observed in the results the 7 placements were then grouped into 3 placement types; community, liaison and inpatient psychiatry.

## Results

The themes were categorised under the following main headings:

- the overall perspective of psychiatry as a profession
- placement experience
- core psychiatry skills and
- the likelihood of applying for core psychiatry training.

The results suggested that the type of placement leads to varying experiences for the doctors. This contributes to variability in the FY doctor's perspective of psychiatry. The results showed that different placements lead to differences in the way doctors view the psychiatrist's role, both within the profession and the wider medical landscape along with the varying degrees of mental health and physical health integration.

## Discussion and Conclusion

Differences in the placement experience appear to affect the types of core psychiatry skills the FY doctors felt they have developed. The study highlights the potential challenges that FY educators face in 'getting the balance right'; in terms of ensuring that FY doctors have adequate experience of assessing and managing patients whilst providing them with sufficient levels of support.

The study suggests that the recruitment potential from a FY doctor's placement lies in affirming psychiatry as a prospective career option for those FY doctors who are already considering it as a potential career choice. It will be helpful to consider ways of ensuring this group of doctors have an opportunity to undertake a FY Post.

**Dr Jenny Cole- jcole3@nhs.net**
**DrVikramLuthra-vluthra@nhs.net**

Completed Project

# Ethnicity Matters: Cultural Competence in Mental Healthcare

## Background

Black, Asian and Minority Ethnic (BAME) communities experience worse health outcomes, shorter life expectancy, lower levels of access to health services and longer inpatient stays compared to non-BAMEs.

Cultural Competence (CC) offers a framework to improve services for patients from culturally diverse backgrounds, to ensure better health outcomes and experience of care. CC applies principles of patient-centred care and asks patients about the effect their culture has on their health, rather than making assumptions based on a patient's ethnicity.

## Aim

Assess the Trust's cross-cultural approaches in order to design an action plan that promotes greater cultural competence across the organisation.

## Method

An online survey based on Cross et al.'s cultural competence continuum was used to explore the views of staff on CC. A scoping exercise was used to identify what ethnicity data are collected by services in the Trust and how the data were used to improve services for BAME patients.

## Findings

The online survey showed that all disciplines and groups were represented - 420 (20%) staff participated. The majority were White British, female, aged 45 to 54. The questionnaire measured dimensions (attitudes, practice and organisation) of CC as described by Cross et al. (1989). Respondents agreed that diversity of staff helps to improve quality of care; they are aware of challenges faced by BAME communities seeking access to healthcare. 50% of the respondents believed that racism was a problem in the NHS. Respondents agreed with the statement 'I am able to challenge racism and bias in the workplace'. The results showed that respondents do not involve BAME patients in making decision about their care or address cultural needs when providing treatment/interventions. The scoping exercise identified varied levels of data collection by services.

## Discussion

It is important to have baseline data about how services are used by patients and their experience of care prior to changing them. The baseline assessment indicated that the Trust was in between two stages of cultural pre-competence and cultural competence of Cross et al. (1989) continuum. The findings showed that there was a robust commitment from the Trust Executive Team and the majority of senior managers towards CC. However, this commitment was not replicated throughout the organisation. The Trust collects some data about minority groups. However, this can be improved e.g. collecting patient experience of Trust services. The Trust employs a diverse workforce but BAME staff are not represented at all levels in the organisation. An action plan to improve CC in the Trust was developed in partnership with staff.

## Conclusion

CC is a developmental process and an individual or an organisation can be anywhere along the continuum. The development of an effective CC service is a long-term goal that involves a multilevel approach. CC requires commitment on the part of health professionals to be aware of their own attitudes and behaviours and how these affect their interaction with BAME patients. Improving NHS services for one group of patients with protective characteristics will improve services for all patients.

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# Smoking Cessation Intervention

## Smoking Cessation Intervention for People with Severe Mental Ill Health: SCIMITAR+ Trial

The SCIMITAR+ trial, led by the University of York, has demonstrated that when people with severe mental ill health (SMI) are provided with a bespoke smoking cessation intervention, smoking quit rates were doubled compared to those who received usual care. The result was attenuated at 12 months indicating that more effort is needed to sustain the effects of the intervention in the longer term.

### Background to SCIMITAR+

Smoking is a known health hazard and people who have experienced (SMI) are three times more likely to smoke than the wider population and are therefore more at risk to health inequalities. People with SMI tend to smoke more heavily and have not historically engaged with NHS smoking cessation services, yet, when asked, over half of people with SMI who smoke express a desire to cut down or quit smoking. The provision of services that are specifically designed for people with SMI could therefore address this health inequality and unmet need. Such innovative services need to be underpinned by rigorous research evidence, but there have been few trials to date in this area.

### The SCIMITAR+ trial

The SCIMITAR+ trial which was designed to test a bespoke smoking cessation intervention for patients with SMI compared to standard NHS care. SCIMITAR+ is the largest trial of its kind ever undertaken. Participants were heavy smokers that said they would like to cut down or quit smoking. Those allocated to the bespoke smoking cessation intervention received support to help them quit from a mental health professional who had undergone brief but rigorous training. This support was based on National Centre for Smoking cessation and Training level 2 training with enhanced levels of contact and support. People in usual care were signposted to local smoking services. People were followed up six and 12 months later where they completed questionnaires that asked about their smoking status as well as giving a carbon monoxide breath measure to verify this.

### Conclusions from SCIMITAR+

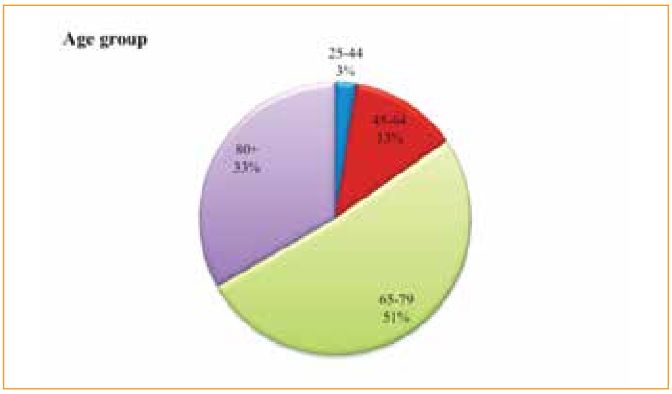
The SCIMITAR+ Trial demonstrates that bespoke smoking cessation interventions encourage engagement with services and help people with SMI to quit. Therefore, health systems should provide smoking cessation interventions that are tailored and responsive to the needs of people who use mental health services.

# Patient Research Experience Survey

In 2017/18, the National Institute for Health Research asked all NHS Trusts to collect information from patients about their experience of taking part in NHS research. The national information is at Research Participant Experience Survey.

In LYPFT, the feedback from research participants in this first survey has been overwhelmingly positive. Of the 39 responses received, 92% recorded having had a positive experience of taking part in the study in which they were involved (only one participant recorded a negative experience and this appears to have been an error, as the corresponding written feedback is entirely positive). 94% of participants who fed back recorded that they had been given all the information they needed in relation to the study (and again only one participant recorded not having felt that this was true).

Demographics of survey respondents



The written feedback supports the positive statistics, with many participants describing the positive and professional manner in which the research team engaged with them:

> "I felt relaxed and it was an enjoyable experience. I was not embarrassed or worried about not being able to answer or complete the questions. I felt confident to ask questions before, during and after the test."

> "The person leading the study was very genuine and caring."

> "I found Holly Taylor to be a kind, polite and helpful young woman. She answered questions fully and politely. It was a pleasure to talk to her and hope my contribution will help the study she took part in."

"At the test I was made to feel comfortable by Crystal and Sam as they were relaxed and supportive. Taking any test can be stressful as you want to do your best and they made me feel that I was being encouraged and not judged. The whole process was positive."

"Sometimes great patience needed by the researcher, it was always there! Time given for answers, memory loss always considered."

"I felt I was listened to, and my input was valued."

"Good explanation given by researcher e.g. purpose of study. The tests were undertaken in familiar surroundings. I felt quite at ease during the procedure and felt that my responses were meaningful and hopefully helpful to the research!"

"Crystal-Bella Romain-Hooper conducted the study in a friendly and professional manner."

"Everything explained to me throughout the trial and made to feel comfortable at all times."

Several participants offered constructive criticism of the research studies. Two suggested that their partners, who had taken part in the research, may not have provided accurate answers due to their mental health conditions, whilst another participant suggested that service users should be more involved on the research side of the studies. Three participants noted that the research had not been relevant to them, but were pleased to have taken part for the wider success of the studies.

The survey will run again in 2019/20.

**Tom Breckin, Research Administrator**

# 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.

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## National Institute for Health Research (NIHR) funding opportunities

| Funding stream | Deadline |
|---|---|
| Health Services and Delivery Research (HS&DR) | Primary Research Cross Programme Topic (Stage 1) – 04 Sep, 1pm |
| | Researcher-led (Stage 1) – 05 Sep, 1pm |
| | Commissioned and Evidence Synthesis (Stage 2) – 05 Sep, 1pm |
| | Commissioned (Stage 1) – 12 Sep, 1pm |
| Health Technology Assessment (HTA) | Commissioned and Primary research Cross Programme topic (Stage 1) – 04 Sep, 1pm |
| | Primary Research (Stage 1) – 11 Sep, 1pm |
| | Commissioned (Stage 1) – 18 and 25, 1pm and 04 Dec, 1pm |
| Programme Grants for Applied Research | Competition 30 (Stage 2) – 27 Nov, 1pm |
| Programme Development Grants | Competition 26 (Stage 1) – 20 Nov, 1pm |
| Public Health Research (PHR) | Primary research-04 Sep, 1pm |
| | Commissioned (Stage 1) – 12 Nov, 1pm |
| | Rapid Funding Scheme – 31st Dec, 1pm |
| Research for Patient Benefit (RfPB) | Competition 39 (Stage 2) – TBC Nov |

For further details about funding opportunities through the NIHR, visit:
www.nihr.ac.uk/researchers/funding-opportunities/