



# Innovation

Research and Development Newsletter



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## Editorial issue 38 Innovation

Welcome to our 38th edition of Innovation. It is good to know that we are working together with researchers to shed light on improvements to the way we offer care in the midst of a dark and grey winter.

Since our last newsletter, Danielle Varley has left the R&D department to start her doctorate at the University of York. We wish her well and I am grateful for all her work managing the R&D team in York (COMIC). I am pleased that both Cat Teige and Jane Blackwell have both been promoted internally to fill Dani's shoes and Cat's role as Trial Co-ordinator respectively. Rebecca Joy joins us as a new research assistant, with a wealth of NHS research experience. Jen Sweetman's contribution to the York team over several years will be missed as she leaves us to focus on her ongoing PhD. We've also welcomed Nafeesah Ali and Brian Berry to the R&D team as research administrative assistant and research contract manager (1 day a week) respectively.

**This newsletter contains summaries of the following completed projects:**

- Caregiving HOPE study
- Treatable clinical intervention targets for patients with schizophrenia
- Tools to Measure Organisational Culture in English NHS Hospitals
- Measuring quality of life in carers of people with Dementia
- Ward five 'Locked Rehab' project
- Yorkshire Health Study
- Methods of diagnosis and services for adults with autism
- Photo elicitation study of a novel in-reach R&R service

Additionally, Jo Ramsden tells us about the Yorkshire Humber Personality Disorder Partnership and how research active it is and Alicia Rodgers introduces a video made with the help of service users, carers and staff, who talk about their experience of taking part in research in LYPFT.

Consider taking up the opportunity to get involved in research yourself, as a participant, if you have ever experienced depression or anxiety. See the GLAD study flyer for more details.

Do get in touch if you want to send in an article or have any questions or suggestions about research in LYPFT.

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# YH Personality Disorder Partnership

The Yorkshire Humberside Personality Disorder Partnership (YHPDP) is a regional service which works in partnership with the National Probation Service (NPS) to support the management of high risk offenders with personality disorder. All the work is commissioned by and supports the national Offender Personality Disorder (OPD) pathway initiative.

The work carried out by YHPDP is all about helping high risk offenders who present with the difficulties associated with a personality disorder diagnosis to lead safer lives and to experience a greater degree of psychological well-being. As the health partner, LYPFT workers (from Leeds Personality Disorder Service) support NPS colleagues to better appreciate some of the psychological aspects associated with each individual's life, their difficulties and their offending. We do this through consultation, training, joint working and more direct interventions with offenders.

Whilst we have good reason to suspect that understanding 'inner worlds' (psychological and emotional processes) is helpful for better support and risk management, the evidence base for its impact on reducing harm to the public is sparse. The OPD pathway is, therefore, committed to increasing the evidence base, to learning, innovation and creativity.

As one of the largest partnerships in the country, YHPDP are keen to support this learning endeavour. It is not only a large partnership but a complex one spanning a big geographical region and working with many probation teams. The research/evaluation plan for the partnership, therefore, has to be well communicated and coherent, involving many stakeholders. Crucially, therefore, YHPDP's research and evaluation activity has to be well connected not only to internal service needs but to wider national priorities and concerns. The clinical lead role is vital

to this and Jo Ramsden, consultant clinical psychologist, views the coordination and communication of research/evaluation activity to be one of her key responsibilities.



Over the past 2 years, one of the main achievements for YHPDP has been to establish a research group. They are delighted to have Sinead Audsley, Research Manager for LYPFT as a core member of this group and view links with the R&D team as essential for continued success. The YHPDP research group gathers research ideas from across the team and supports colleagues to shape up submissions. The group interrogates ideas ("why is this important"? "How does this take our learning forward"?) and looks outside of the partnership to form links with other sites and to collaborate on research/evaluation.

YHPDP have published a number of different articles over the years but, most recently, have two papers currently accepted for publication about men who are on the pathway and subject to Indeterminate Public Protection (IPP) sentences. These sentences (which are now no longer given) impose custodial sentences on people for an indeterminate length of time and until they are assessed as no longer posing a danger to the public. The research has helped YHPDP to appreciate the profound impact that these sentences have had on the mental health of those subjected to them. YHPDP have also investigated factors associated with continued detention when individuals are screened onto the pathway (meaning that there are indications that they could receive a 'personality disorder' diagnosis). The findings suggest that completion of risk focussed programmes – which are supposed to reduce re-offending – is not relevant to continued detention with this group. Instead, men on these sentences, are much more likely to be kept in prison if there are "interpersonal problems" between them and professionals. YHPDP argue that there is a need to understand more about what this means but recognise the possibility that professionals are making biased judgements about risk based on their own emotional reactions to the interpersonal experience. This is especially important given that this group's mental health (and social behaviour) have been so affected by the sentence. YHPDP have suggested that the findings support the ambitions of the OPD pathway - to improve the relational environment for people. Their hope would also be that, by examining the importance of interpersonal encounters in relation to risk, people working on the pathway might make better, more sophisticated assessments of dangerousness and risk.

Another piece of recent research highlights the importance of the consultation process that YHPDP offer to probation on the relationship that those probation officers go on to have with their service users. This small, qualitative study suggested that probation officers feel that the process helped them to improve these relationships and to think differently about risk management. This study adds to a body of evidence on the OPD pathway that consultation to probation officers about their service user's psychological and emotional processes is useful and valued by NPS staff.

All the projects outlined here are in press. Posters for each project have been presented at the national British and Irish Group for the Study of Personality Disorder (BIGSPD) conference and can be found on the conference website. The poster titles are as follows:

Crosswaite, S; Freestone, M & Ramsden (2019) *Who are the men on indeterminate sentences? Exploring potential causal factors of 'stuckness' in the criminal justice system.*

King, N & Crisp, B (2019) *What Does 'Success' Look Like for IPP Sentenced Offenders?*

Radcliffe, K & Carrington, B (2018) *Service User-Probation Relationships: Do we make a difference? A qualitative analysis exploring the impact of psychological consultation and formulation on the relationship between Service Users and Offender Managers within the Yorkshire and Humber Personality Disorder Partnership.*

**Joanne Ramsden, LYPFT,**  
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Caregiving HOPE explores how obligations, preparedness and eagerness influence care and wellbeing. This research is supported by an Alzheimer's Society Dementia Research Leaders fellowship awarded to Dr Sahdia Parveen in 2015.

There are currently 670,000 carers supporting a family member living with dementia. With an ageing population, more and more family members will be relied upon to support people living with dementia at home.

Health care professionals often assume those family members are willing and able to care for a person with dementia at home. However little is known about how willing and prepared carers of people with dementia feel and whether the next generation is prepared to support people living with dementia at home.

Patient and public involvement is imperative to ensure relevance of research. There is a growing literature on the theoretical underpinning on patient and public involvement including level and processes of involvement. The aim of this study is to look at describe a person-centred and culturally sensitive approach to working with minority ethnic communities, involving carers, people living with dementia, members of the public and carer support workers, as used in the Caregiving HOPE study; and the influence of the approach on the study's research processes and outcomes.

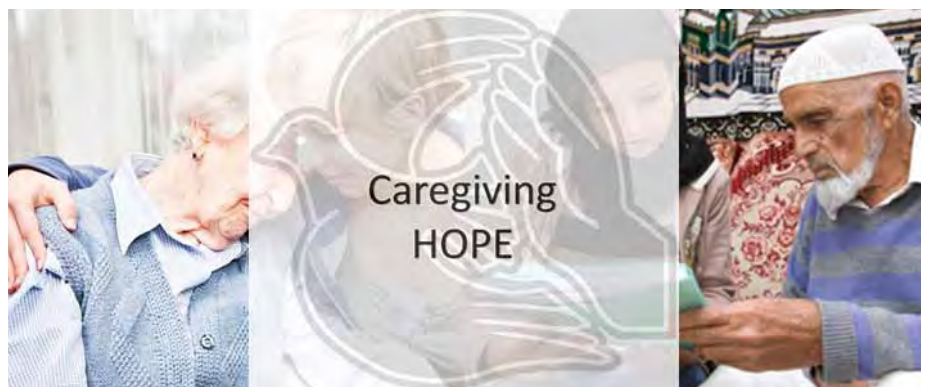
Patient and public involvement members were considered experts by experience and involved with study conception, design, conduct and dissemination. The perspective of the experts by experience

was explored in the study. The level and nature of involvement was influenced by each individual's needs and desires which changed over the course of the study.

The approach had a significant impact on study outcomes as evidenced by successful recruitment and engagement at a national level, but was not without challenges with greater flexibility required and fuller consideration of financial and time costs required. Benefits of the approach included strong engagement, improved outcomes (successful recruitment of seldom heard groups) and meaningful relationships between researchers and experts by experience. A person-centred and culturally sensitive approach is required with patient and public involvement to ensure involvement is not detrimental to those involved, is meaningful and enjoyable and has a positive impact on the research. 118 participants were recruited within LYPFT through the Research and Development team.

More information about the study and a downloadable results summary booklet can be accessed on the Bradford University website: <https://www.bradford.ac.uk/dementia/research/caregiving-hope/>

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# Treatable clinical intervention targets for patients with schizophrenia

Treatment approaches for patients with psychosis need major improvement. Our approach to improvement is twofold: target putative causal mechanisms for psychotic experiences that are treatable and also that patients wish treated. This leads to greater treatment engagement and clinical benefit. To inform mental health service provision we assessed the presence of treatable causal mechanisms and patient treatment preferences.

Patients with non-affective psychosis attending NHS mental health services completed assessments of paranoia, hallucinations, anxious avoidance, worry, self-esteem, insomnia, analytic reasoning, psychological well-being, and treatment preferences.

1809 patients participated 80 of which were recruited in LYPFT. Severe paranoia was present in 53.4% and frequent voices in 48.2%. Of the causal mechanisms, severe worry was present in 67.7%, avoidance at agoraphobic levels in 64.5%, analytic reasoning difficulties in 55.9%, insomnia in 50.1%, poor psychological well-being in 44.3%, strongly negative self-beliefs in 36.6%, and weak positive self-beliefs in 19.2%. Treatment target preferences were: feeling happier (63.2%), worrying less (63.1%), increasing self-confidence (62.1%), increasing activities (59.6%), improving decision-making (56.5%), feeling safer (53.0%), sleeping better (52.3%), and coping with voices (45.3%). Patients with current paranoia and/or hallucinations had higher levels of the causal factors and of wanting these difficulties treated.

Patients with non-affective psychosis have high levels of treatable problems such as agoraphobic avoidance, worry, low self-esteem, and insomnia and they would like these difficulties treated. Successful treatment of these difficulties is also likely to decrease psychotic experiences such as paranoia.

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# Tools to Measure Organisational Culture in English NHS Hospitals

This study aimed to identify the current range of tools used by NHS trusts in England to assess, measure and understand culture within their organisation and explore with clinical governance leaders their needs and interests with regard to understanding, assessing and shaping organisational culture, and explore with these stake holders how they use culture assessment methods to drive change within their organisation.

Although recruitment numbers were lower than initially anticipated. The data provided by participants has enabled me to gain insight into current practice with regard to culture measurement. The data has provided a snap shot of current practice.

A total of 55 clinical governance leaders participated in this study, with an overall response rate of 20%. Please note that all data collected was anonymous, I do not know if any members of staff from your trust participated in this study, you have been sent this study summary along with all other trusts who were invited to participate.

The majority of clinical governance leaders who completed the survey told us that they were actively measuring culture within their organisation. We found that trusts were using a range of tools with variable degrees of satisfaction. The majority of respondents acknowledged that understanding culture was central to the role of clinical governance, many of the respondents highlighted that they personally felt their trust

required further work to implement culture change.

A detailed results paper will be published, in an appropriate peer reviewed journal, in due course. If you would like to be notified of publications from this study please contact Dominic Simpson.

The next phase of this research aims to understand how cultural change programmes are implanted into NHS hospitals. As a research team we are actively seeking a partner organisation to review how interventions designed to improve organisational culture are implemented into the NHS.

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# Measuring quality of life in carers of people with Dementia

This study looked at the development and psychometric evaluation of scales measuring the impact of Dementia on carers (SIDE CAR).

A 2008 European consensus on research outcome measures in dementia care concluded that measurement of carer quality of life (QoL) was limited. Three systematic reviews (2012, 2017, and 2018) of dementia carer outcome measures found existing questionnaires wanting. In 2017, recommendations were published for developing reliable measurement questionnaires of carers' needs for research and clinical application. The aim of the DECIDE (DEmentia Carers Instrument DEvelopment study), funded by the Medical Research Council and National Institute for Health Research, was to develop a new instrument to measure the QoL of dementia carers (family/friends).

Carers were interviewed and, using their own words, 70 potential questions (known as items) were created reflecting their experiences. Five hundred and sixty six carers from across England and Wales helped us test how good these items were at measuring carer QoL, 6 participants were recruited within LYPFT. They completed the items and some other questions at three time points.

Modern methods for testing questionnaire properties (psychometrics) were used to find out how the items could be used together to measure carer QoL. Firstly, we tested to find out if all the items were 'tapping into' the same underlying concept (Rasch and Factor analyses). From the 70 items, three independent scales were identified:

- SIDE CAR-D, direct impact of caring upon carer QOL, 18 items (e.g. "I don't take very good care of myself"),
- SIDE CAR-I, indirect impact, 10 items (e.g. "I worry about the safety of the person I care for"),
- SIDE CAR-S, support and information, 11 items (I receive all the support and care I need to help me to provide care").

Some items did not 'fit at all' and others were very similar to some items kept, meaning that 31 items were not used. All the other 39 items worked well within their scale. Other tests met COSMIN\* quality standards for study design and psychometrics. These were tests of

of reliability (is the scale measuring in the same way when it is used at different time points if nothing has changed), validity (is it measuring what it is meant to be measuring) and responsiveness (is it sensitive to real differences in carer QoL).

The final questionnaire is called SIDE CAR (Scales measuring the Impact of DEmentia on CARers). SIDE CAR is derived directly from carers, has robust measurement properties and provides a theoretically based needs-led QoL profile specifically for dementia carers. The three scales may be used independently of each other. SIDE CAR-D is the primary scale measuring carer QoL.

SIDE CAR is free for use in public health, social care, and voluntary sector services, and not-for-profit organizations and may be accessed via the University of Leeds Fast Licensing Platform: <https://licensing.leeds.ac.uk>. The full paper on development of SIDE CAR is freely available from <https://academic.oup.com/gerontologist/advance-article-abstract/doi/10.1093/geront/gnz136/5613258>

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\*COSMIN - (COnsensus-based Standards for the selection of health Measurement INstruments) is an initiative of an international multidisciplinary team of researchers.



# Ward five 'Locked Rehab' project

## Background

Ward 5 is an 18 bedded male locked rehabilitation service. The service users in this service require a level of security, however they are considered to be of a low risk to the public. The staff population comprise of 58% BME staff of whom 67.74% are female staff members and 32.26% are male staff members. The percentage of White British male is 1.24% totalling 4 male staff members of which 2 have a registered mental health nurse qualification and 1 is registered Occupational Therapist. The data highlights the disproportion of male to female staff members and of BME to White British ethnicity. The service user population is 83% White British and the other 17% is from a BME ethnic group. A recent examination of the DATIX reports indicates that a high number of aggressive, violence and assaults on staff by service users and their visitors in the past 18 months.

West and Dawson (2009) in their paper suggest that 'the experience of BME NHS staff is a good barometer of the climate of respect and care for all within the NHS. Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received. Conversely, the greater the proportion of staff from a BME background who reports discrimination at work in the previous 12 months, the lower the levels of patient satisfaction'.

## Aims and objectives

The aim of the project was to evaluate staff members' well-being on ward 5 locked rehabilitation service and potential impact to service users. The following elements were explored:

- The perceived stress levels of team members.
- The perceived care experience by service users.
- The team understanding of the clinical care pathway.

## Methods

A qualitative investigation was carried out to inquire into the meaning and generate an understanding of the staffs and service user's experience using the following methods:

- Perceived Stress Levels of Staff and Awareness of the Service Care Pathway
- Questionnaire was used to assess staff stresses, burnout and team effectiveness.
- Questionnaire was be made available online (survey monkey) and on paper. A post box was located in the staff room for staff members to post their answers anonymously.

## Service User Experience of Care

Service user experience was obtained using structured interviews. The interview was conducted by the team manager who is not directly involved with the participant's care. The interviewer was recorded the respondent's answers during the completion of the questionnaire with the service users.



## Result

### Burnout

This section of the questionnaire looked to assess for Burnout using the Oldenburg Burnout inventory. The questionnaire consists of 16 questions, eight assess for exhaustion and eight for disengagement, which were rated on a 4-point Likert scale (strongly agree, agree, disagree, and strongly disagree).

The results was compared with the cut-offs reported by Peterson et al. (2008), an average score  $\geq 2.1$  on the disengagement subscale indicates high disengagement, and a score  $\geq 2.25$  on the exhaustion subscale indicates high exhaustion. The mean score based on data from the respondents indicated an average disengagement score of 2.3 and an exhaustion score of 2.4. The results suggested that the staff on Ward 5 exhibit high exhaustion and high disengagement.

### Resilience

The next section asked about Resilience. There were five questions which asked about various aspects of resilience. The results overall suggested that the staff are fairly resilient, with the majority of staff either always or most of the time being able to cope with stressful events (52.6%), learn and move forward from negative experiences (63.2%), and use a number of strategies to manage stress (63.2%). However, there was greater variation between staff in being able to “switch off” from work, with 57.8% either only being able to switch off sometimes, rarely or never.

### Multi-disciplinary Team working

The final section asked about Multi-disciplinary Team (MDT) working. Twelve questions were asked about MDT working. Overall the results suggested staffs are happy with MDT working within the team. An area where further work may be required is around making staff feel comfortable challenging all members of the MDT. At the moment 32% do not feel comfortable challenging all members of the MDT, and 21% did not agree with the statement that everyone values what each MDT member brings to the team.

## Conclusion

A happy workforce increases job satisfaction and better care for our service users. Ward 5 locked rehabilitation is a service that supports service users to manage their risks and to reintegrate into the community safely. The team took part in a questionnaire/survey that allowed them to explore their levels of stress and its impact on their care delivery. The exercise also allowed staff members to examine their interaction with each other and partners and steps needed to take to improve working relationships. An action plan was drawn up by team members to support their discussions. The overall responsibility of the action plan sits with the ward manager who will coordinate the team to action what was agreed.

**Wendy Tangen, LYPFT,**  
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The Yorkshire Health Study was a regional, longitudinal health study collecting health information on the residents of the Yorkshire and Humber region in England. The research focused on addressing four major public health challenges; Obesity, Health inequalities, Healthy ageing, and Long-term health problems. The aim of the study was to understand the region's health so that the best treatments could be found to prevent and treat illness in the future. The study was undertaken by the University of Sheffield.

The study was piloted in 2010 in the South Yorkshire region and parts of North Derbyshire. Around 90 GP surgeries in the region were asked to take part in the study (known then as the 'South Yorkshire Cohort'). Almost half (n= 43) took part and sent out questionnaires to their patients aged 16 to 85. At this stage, a rudimentary online questionnaire was also available. For the first wave of data collection (2010-2012), a total of 27,806 questionnaires were returned. Then in 2014, the study was renamed the 'Yorkshire Health Study' and extended to the whole of the Yorkshire and Humber region. Over 73,000 adults completed the health questionnaires.

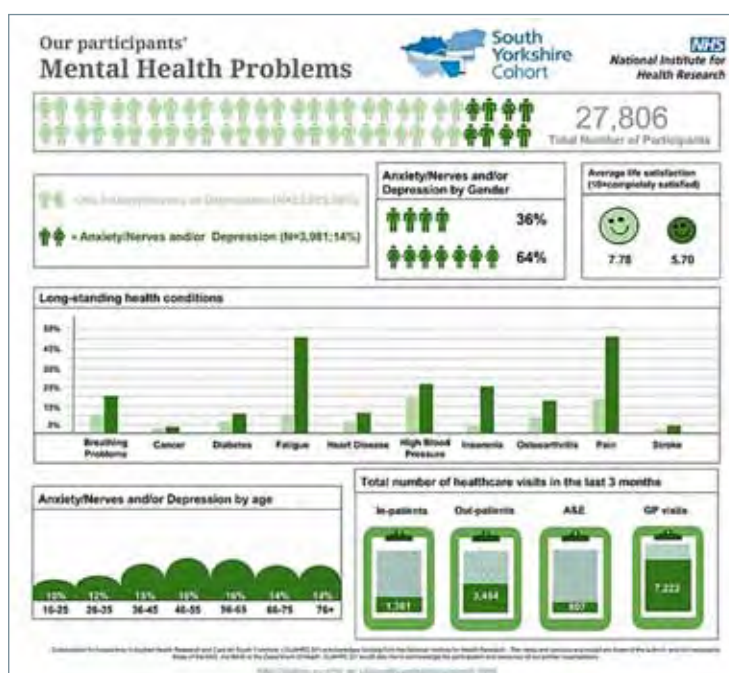
LYPFT was one of several trusts which took part in collecting the data from 2016 and collected 341 responses. The questionnaire featured a range of questions including eating, smoking and drinking habits, health status and exercise habits. The answers you provided have enabled the researchers to develop a detailed picture of the health of the region, which will be used to help find the best ways to improve health and prevent and treat illness in the future. The study was open to anyone who lived in Yorkshire aged 16 years old or over.

The findings of the study are varied and look at a range of outcomes from; 'the relationship between multimorbidity and dental attendance', 'Fast-food outlet availability and obesity', 'associations between the recreational physical activity environment, change in body mass index, and obesity', 'Depressed patients' experiences with and perspectives on treatment provided by homeopaths' and many more.

All outcomes can be found on the 'Published papers' section of the study website: [www.yorkshirehealthstudy.org](http://www.yorkshirehealthstudy.org). There are also a collection of infographics produced by the study team which show interesting findings at a glance such as the one below featuring mental health findings.

The study team were keen to thank everyone who filled in the questionnaire.

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# Methods of diagnosis and services for adults with autism

The aims of this study were to survey adults on the autism spectrum and relatives about their experience of diagnostic services. We also surveyed UK professionals who diagnose adults with suspected autism about current NHS diagnostic care pathways. Using information from the surveys, and discussion groups, the study aims were to investigate what people consider is the best way to assess and diagnose adults with suspected autism across NHS services.



In addition, the team carried out a review of the evidence underpinning measures currently used to diagnose autism in adults.

Finally, during the study a new diagnostic interview was developed and piloted for use to identify autism in adults in situations when there is little or no early developmental history available.

Leeds and York Partnership NHS Foundation Trust participated in the study and recruited clinicians working in adult autism assessment services. Clinicians completed a number of surveys about current NHS diagnostic processes and care pathways.

The study was carried out by the Neurodevelopment and Disability Team at Newcastle University and was funded by the UK charity Autistica and Cumbria, Northumberland Tyne and Wear NHS Foundation Trust.

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## Research Aims

This study aimed to provide an in-depth exploration into staff and service users' experiences of a Rehabilitation and Recovery Service for individuals with severe and enduring mental health needs.

## Methods

Photo elicitation was used to enrich data collection through one-to-one semi-structured interviews. Photo elicitation, first named in 1957 by John Collier, is a method in which participants are invited to take photographs in order to express their experiences around the topic of investigation (Harper, 2002). The photographs are then used in research interviews in order to facilitate detailed discussions. In this study, the data was analysed using a thematic form of qualitative analysis called Interpretative Phenomenological Analysis (Smith, Flowers, & Larkin, 2012).

Interpretative Phenomenological Analysis (IPA) is often used to analyse semi-structured interviews (Smith, 2004) and has been developed successfully as a method for analysing semi-structured interviews along with photo elicitation (Lachal et al., 2012). IPA has proved particularly popular in health psychology research as it represents a move away from observational research, associated with the biomedical model of disease and illness, and moves towards a more constructed understanding of illness that gives voice to individual experience (Brocki & Wearden, 2006). IPA involves engaging deeply with individuals' accounts of personal experience and navigating through layers of interpretation (Eatough & Smith, 2017).

Fifteen purposefully sampled service users and fifteen purposefully sampled staff were recruited across the Service. Purposeful sampling is used to identify and select participants who can provide information across the range of experiences considered pertinent to the research topic (King & Horrocks, 2012). This research looks to explore the idiographic nature of each participant in order to fully understand the meaning they give to their experiences, which is reflective of the recovery approach followed by this Service. In order to

balance a general account without losing sight of the individuals within it the data from each group was analysed separately. The first level of analysis consisted of the identification of meta-questions to which participants appeared to respond when undertaking their interview. The second level of analysis highlights participants' engagement with identified analytic themes found across the meta-questions.

## Summary of Key findings

**The key findings in relation to staff experience were:**

- staff find integrating the diverse attitudes, values, and practices associated with the different approaches and individual roles across the NHS and third sector challenging;
- conflicts over attitude to risk and varying levels of staff confidence mean service user choice is not always facilitated;
- staff face many barriers in terms of funding and external decision-making issues;
- staff are genuinely interested in finding new ways to approach recovery.
- The key findings in relation to service user experience are: service users value developing supportive, trusting relationships in recovery and fear the challenging effects of isolation and relapse;
- different services and staff evoked different responses, fears, and emotions, especially where conflicts exist around powerful dynamics between vulnerable adults and those who support and care for them;
- service users seek greater awareness in how they can manage as an individual and look to staff to support the development of personal coping strategies;
- service users' desire to live an independent life is often hindered by social factors, such as stigma, which makes it difficult for them to gain a sense of belonging within society.

## The key findings in relation to the staff and service user joint experience were:

- mental health recovery is hard to define and dependent on many factors that affect both service users and the staff who care for them;
- staff and service users do not purely exist in the context of the Service, they bring with them a history of personal experiences and are embedded in a social system that involves many complexities;
- staff and service users share concerns regarding society's response to mental health issues, which is embedded in the same historical context and power dynamics as the Service;
- positive connections made with staff and other service users, as well as opportunities to develop new skills and increase social interactions, have resulted in an improved sense of wellbeing and personal growth.

## Recommendations for the Service

This research suggests that implementing recovery principles into an NHS environment where inter-professional teams operate has many challenges. Conflicting models and powerful dynamics make it difficult for staff and service users to fully embrace recovery based on the principles of an integrative model of care.

### Main implications that are relevant to staff include:

- promoting and developing greater awareness of different roles and approaches to care within and across multidiscipline teams;
- developing better communication across multidisciplinary teams;
- increasing transparency and communication regarding the implementation of recovery principles at all levels and, in particular, senior members of staff;
- gaining greater awareness for all staff of the complexities of risk including conflicting attitudes across multidiscipline teams and service user experience in order to improve staff and service user confidence.

### Main implications that are relevant to service users include:

- the importance of building functioning relationships between staff and service users based on trust, respect, and empowerment, as well as supportive social networks both within and outside the Service;
- promoting and developing a greater awareness of service user own mental health issues, as well as sharing lived experience amongst service users;
- gaining more transparency regarding different treatment options and approaches to their own care in order for service users to make informed choices;
- facilitating transition into the community by addressing fear of relapse early in treatment, as well as offering service users support in building community networks whilst still in the Service.

### Main implications that are relevant across the Service include:

- developing communication opportunities and methods within and across multidiscipline teams;
- finding ways in which to strengthen multidiscipline team identification within the Service and at Trust level;
- support staff to own recovery principles and give permission for staff, where appropriate, to negotiate working relationships with each other and service users for greatest effectiveness;
- providing an opportunity to acknowledge the strengths and limitations of the Service, in order to present a bigger picture Trust wide to increase staff and service user voice.

This research was funded by LYPFT and NHS Leeds North Clinical Commissioning Group and is intended to complement standard service evaluation and audit information collected and analysed within the NHS. It was undertaken as research for a PhD in the School of Psychology, University of Leeds between 2015 and 2019.

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# Taking Part in Mental Health Research at LYPFT

As a team we often hear lots of different reasons for service users and staff members taking part in research, and we are lucky enough to be part of their research journeys. I thought it would be great if other service users and clinicians could hear these stories; see how simple it is to get involved, relate to the people involved, and think maybe it could be me! So we made a video.

It was important to us to include service users, carers and staff to make sure the video was representative of the groups we work with on a daily basis, after all, the research team could talk to you all day about the benefits of taking part in research (sometimes we do), but it's important to hear from those who chose to take part.

The video was shot at inkwell arts café with support from our Patient Research Ambassador, Helen Cooke. Featured in the video are Liza, Peter and Andrea who have all participated in research projects at LYPFT in the last year. They all have their own reasons for deciding to take part and talk you through some of those reasons; what their experience was like and what impact it had on them.

Dr Shaik, Consultant Psychiatrist for the trust, is also featured in the video and talks about her experience of working with the Research and Development team here at LYPFT. Dr Shaik was keen to explain how research benefits both her and her service users and her motivations for being involved in research.

This video [https://www.youtube.com/watch?v=ywNhEUHWxV0&feature=emb\\_title](https://www.youtube.com/watch?v=ywNhEUHWxV0&feature=emb_title) was funded by the National Institute for Health Research (NIHR). The views expressed in this footage are those of the participants recorded and not necessarily those of the NIHR or the UK Department of Health and Social Care.

**Alicia Rodgers, LYPFT,**  
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## ARE YOU...

- ✓ AGED 16+
- ✓ LIVING IN ENGLAND
- ✓ EVER HAD CLINICAL OR SERIOUS ANXIETY AND/OR DEPRESSION



WE HOPE

40,000

PEOPLE WILL TAKE PART

PATIENTS WITH **BIPOLAR DISORDER, BDD, OCD, OR RELATED DISORDERS** ARE WELCOME TO JOIN

TELL A FRIEND OR SIGN UP TODAY AT **WWW.GLADSTUDY.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.

<b>February</b>				
04	Tuesday	14.00 - 16.00	Finding & appraising the evidence	Stockdale House
10	Monday	10.00 - 12.00	Google and Beyond	IT Suite, Mount Annexe
12	Wednesday	13.00 - 15.30	Healthcare Databases	LERC, LGI
18	Tuesday	09.00 - 16.30	Finding & appraising the evidence	LERC, LGI
25	Tuesday	13.00 - 15.30	Healthcare Databases	Morley Health Centre
<b>March</b>				
03	Tuesday	09.00 - 16.30	Finding & appraising the evidence	LERC, LGI
11	Wednesday	14.00 - 16.00	Critical appraisal	Stockdale House
12	Thursday	14.00 - 16.00	Google and Beyond	LERC, LGI
17	Tuesday	10.00 - 12.30	Healthcare Databases	Morley Health Centre
25	Wednesday	10.00 - 12.30	Healthcare Databases	IT Suite, Mount Annexe

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](mailto: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/](http://www.leedslibraries.nhs.uk/home/).

# National Institute for Health Research (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
Efficacy and Mechanism Evaluation (EME)	Commissioned (Stage 2) - 05 Mar, 1pm
	Researcher-led and Primary research (Stage 1) – 16 Apr, 1pm
Health Technology Assessment (HTA)	Primary Research (Stage 1) – 01 Apr, 1pm
Public Health Research (PHR)	Commissioned (Stage 1) - 17 Mar, 1pm
	Commissioned and Researcher-led (Stage 1) - 24 Mar, 1pm
Research for Patient Benefit (RfPB)	Competition 41 (Stage 1) - 18 Nov, 1pm

## Funding streams:

1. Efficacy and Mechanism Evaluation (EME): Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.
2. 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.
3. 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.
4. Invention for innovation (i4i): Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.
5. Programme Grants for Applied Research: To produce independent research findings that will have practical application for the benefit of patients and the NHS in the relatively near future.
6. Public Health Research (PHR) Programme: Funds research to evaluate non-NHS interventions intended to improve the health of the public and reduce inequalities in health.
7. Research for Patient Benefit (RfPB): Generates research evidence to improve, expand and strengthen the way that healthcare is delivered for patients, the public and the NHS.

For further details about funding opportunities through the NIHR, visit:

[www.nihr.ac.uk/about-us/how-we-are-managed/boards-and-panels/programme-boards-and-panels/](http://www.nihr.ac.uk/about-us/how-we-are-managed/boards-and-panels/programme-boards-and-panels/)

# 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:**

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