



Innovation

Research and Development Newsletter



page 04 Sexual health promotion in people with severe mental illness

page 10 Safe staffing in mental health

page 15 SCENE Experience of an Interventionist

Contents

03

Editorial

04

Sexual health promotion in people with severe mental illness

05

Comparing diagnostic rates in patients self-referring vs referred LADS

06

Clinical psychologists' experiences of leading and their values

07

Speech and Language therapy and Dietetic input to Older Adult service

08

Experience of a psychoeducation group for carers of people with Personality Disorder

10

Safe staffing in mental health

11

Liaison psychiatry - measurement and evaluation of service types, referral patterns and outcomes (LP-MAESTRO)

12

Investigating believe and goal appraisals

13

Hello my name is...Zoe Goff

14

Hello my name is...Richard Pettinger

15

SCENE Experience of an interventionist

16

Child and Adolescent Mental Health Research Networking Conference

18

Library training dates

19

NIHR Funding Deadlines

20

Contact Details



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

Editorial issue 39 Innovation

The R&D team are prioritising work with LTHT on COVID-19 studies and other redeployment. We have contacted all staff involved in other studies. Let us know if you have any queries.

I am pleased to introduce you to Natasha Mawso who tells us about her experience of being involved in research in this newsletter. Natasha is a nurse, who has spent time helping a service user living with psychosis to increase the number of people they have social contact with. Natasha followed the social contacts coaching programme which is part of the SCENE research study currently running in LYPFT. Natasha says:

"I have had the opportunity to be able to see the progress an individual was making socially and observed their mental health which improved throughout."

We need more clinicians like Natasha to be trained and deliver research interventions to help work out whether there are better ways for us to support those we are caring for.

We also find out about two recently appointed Academic Clinical Fellows (ACF), Richard Pettinger and Zoe Goff. They are combining their roles as trainee psychiatrists with time to design their own research study. We'll also meet Jon Stott, another ACF, who came to child psychiatry from a teaching career, in our next edition of Innovation. Also in the next Innovation, Brian Berry will introduce himself as the Trust's new Research Contracts' Manager, working one day a week in LYPFT and working in Leeds Teaching Hospitals NHS Trust in this jointly funded post.

January saw another successful Child and Adolescent Mental Health Research Networking Conference in York and you can read about this and see how much fun the COMIC team have in the double page spread.

This newsletter contains summaries of the following completed projects:

- Sexual health promotion in people with severe mental illness

- Comparing diagnostic rates in patients self-referring vs being referred to Leeds Autism Diagnostic Service
- Clinical psychologists' experiences of leading and their values
- Speech and Language Therapy and Dietetic input to Older Adults service
- Safe staffing in mental health
- Experience of a psychoeducation group for carers of people Personality Disorder
- Investigating beliefs and goal appraisals

The usual library training dates and funding deadlines are included.

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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Sexual health promotion in people with severe mental illness

The RESPECT feasibility randomised controlled trial (RCT).

A team of researchers, mental health and sexual health workers, and people with lived experience of mental health problems, developed an intervention to help people with serious mental health problems to increase their knowledge and understanding of sexual health, including types of contraception, using condoms safely and sexually transmitted infections, and to consider safety and assertiveness in intimate relationships. This was delivered over three sessions of 1 hour each by a specifically trained mental health worker. We recruited 72 people from community mental health services, 26 of those were recruited in LYPFT, to take part in a study to test the intervention and see whether or not we could collect information about their sexual behaviour using questionnaires.

Initially, the numbers of people volunteering for the study were very small. We found that recruitment increased when we shifted to a more direct approach (rather than asking clinical staff to promote the study to people on their caseloads). The direct approach included talking to people who use services directly in clinics and at service user events, and by sending study information by post. We were not able to recruit the numbers that we aimed to (72/100 participants) in the timescale of the study, but the majority of the people who were recruited actively participated in the trial and were generally happy to attend follow-up appointments to complete more questionnaires. Most of those who were allocated to the intervention attended all three sessions.

Overall, people found that being a participant of the study was comfortable and safe (acceptable) and we found that it was possible to undertake this type of study within mental health services. We have learnt a lot about how we could run this study on a larger scale. Such a study would allow us to see if the intervention makes a difference to sexual behaviour and increases access to sexual health services for people with serious mental illness.

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Other researchers:

Amanda Edmondson, University of Huddersfield; Natasha Mitchell, Samantha Gascoyne, Thirimon Moe-Byrne, Elizabeth Coleman, Shehzad Ali, Catherine Hewitt and Judith Watson, University of York; Lottie Millett, Sonia Johnson and Catherine Mercer, University College London; Charlotte Walker and Ceri Dare, Expert by experience; Carrie Llewellyn, University of Sussex; and Fiona Nolan, University of Essex.



Comparing diagnostic rates in patients self-referring vs being referred LADS

The Leeds Autism Diagnostic Service (LADS) is an all Intelligence Quotient (IQ) service accepting professional and self-referrals, from age 18, for diagnostic assessment. LADS is unusual compared to other diagnostic services in England, in that it accepts self-referrals. This evaluation compares diagnostic outcome between self-referrals and other referral sources.

Design/methodology/ approach

This is a service evaluation of all 692 referrals for diagnostic assessment into LADS, over a three year period, from 2016 to 2018. The diagnostic outcomes were compared between self-referrals and other referral sources. Secondary analysis looked at age and gender differences between these groups.

Findings

There were 98 self-referrals over three years with autism diagnosed in 65%. 594 other referrals were received during this time period, with autism diagnosed in 44%. This showed a significant difference of 21% with 95% confidence intervals of 10-31% ($P=0.0001$) using a N-1 Chi Squared Test. 59% of self-referrals were from patients identifying as female, which compared to 35% identifying as female from other referrals. This was a difference of 24% with 95% confidence interval of 14-34% ($P<0.0001$) on the N-1 Chi Squared Test.

Research limitations/ implications

Factors which may influence the ability to generalise from these results are that:

- LADS covers a large mainly urban and suburban area with a range of ethnic and socioeconomic diversity;
- LADS is an all IQ service unlike some other autism diagnostic services;

- historical and service related factors unique to Leeds may be dissimilar to other locations.

It was beyond the scope of this evaluation to perform a qualitative analysis to compare the referral sources, but this may be an area for further study.

Practical implications

This evaluation supports the use of a self-referral route for adult autism diagnostic services on a local level and may support its use more widely in other services.

Social Implications

This evaluation, in demonstrating proportionately significantly higher autism diagnosis from self-referrals is likely to be reducing the work load of professionals who would normally make referrals. Alternatively, it may be capturing a subgroup of the autism population who would not otherwise have sought diagnosis. In either scenario, it supports and is consistent with a patient centred approach to accessing appropriate diagnostic services.

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Clinical psychologists' experiences of leading and their values

Leadership in clinical teams is a significant part of a Clinical Psychologist's job role (Leadership Development Framework; DCP, 2010) but little is known about their lived experience as leaders, especially when facing dilemmas. Decision-making and influencing care is a key aspect of leadership and is known to involve individuals' values. Values impact a person's wellbeing whether they are aligned or misaligned, which in turn hold importance for the health of the individual leader and those they are leading. The aim of this study is to understand participants' experiences of leading in clinical teams and their sense making process. This was with a focus on when they faced dilemmas, and how they made sense of this in terms of their values.

Method

Eight Clinical Psychologists working in NHS Trusts participated in the study and were practicing in Band 8a-8c roles. Interpretative Phenomenological Analysis* was used to analyse the semi-structured interviews following Smith, Flowers, and Larkin's (2009) guidelines.

Results

Participants reflected on 25 examples of experiences that were mostly focused on dilemmas. Three superordinate themes and twelve subordinate themes emerged. The first theme of 'losing control and perspective' encompasses participants' experience of 'distressing', 'helplessness' and 'frustration with self and others'. The second superordinate theme, 'regaining control and perspective', encompasses their experiences of 'feeling one thing, doing another', 'feeling more empowered', 'congruence with what is important', and 'seeking security'. The final theme, 'reflections on facing dilemmas', encompasses the subordinate themes of; 'what's right versus what's most comfortable', 'making sense of retreating from action', 'wounds into wisdom', and 'personal growth'.

Recommendations from the main findings:

- **Wellbeing of leaders:** A key finding was that Clinical Psychologists' wellbeing was significantly affected when they experienced high levels of distress, psychological difficulties and a lack of empowerment.
- **Individual Strategies:** It is recommended that individuals develop personal coping strategies to manage these experiences to build their longer-term resilience.
- **Supervision, teaching and training:** The wellbeing of the Clinical Psychologist can be addressed through supervision and training (Hughes & Youngson, 2009).

Dilemmas and Values

- **Personal and professional development:** It was evident that participants needed to process and learn from their experiences. The personal and professional development of Clinical Psychologists is advocated through reflective practice (Lavender, 2003) and models of personal development (Hughes & Youngson, 2009).
- **Team working:** In terms of the context of the clinical team, it may be useful for reflective conversations to be focused towards experiences of dilemmas and values.
- **Organisational impact:** These findings may be particularly useful for value-based organisations, such as the NHS (NHS, 2018), at an organisational level. They should also consider whether their staff members are provided with the resources needed to practice in a way that enables them to reflect these values.

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Speech and Language therapy and Dietetic input to Older Adult service

The findings of this evaluation provide evidence of the impact of the changes to service provision on the confidence and awareness of staff recognising and implementing care plans for swallowing difficulties (Dysphagia) and nutrition, the impact on patient experience, safety and the quality of their care and the role of physical health disciplines in mental health management and recovery.

The aim was to evaluate the effectiveness of SaLT (Speech and Language Therapy) and Dietetics from different perspectives to indicate the current standard of care, areas of good practice and highlight areas for improvement.

The study used mixed methods to evaluate the impact.

Overwhelmingly, the staff surveys and focus groups were positive about the role of SaLT and Dietetics in The Mount. They valued the expertise and specialist knowledge shared and reported increased confidence in both identifying difficulties and knowing when to refer.

Main learning points from training were, anatomy and physiology of swallowing and texture, fluid modification and food fortification. Staff who had received training were more confident to identify and refer to the relevant discipline.

Referral rates increased by 60% for SaLT following training and embedding of the discipline within the ward environment. Dietetics referral rates reduced by 8% suggesting improved ward practice in terms of implementing first line advice.

Evaluation of the DATIX (incident reporting system) reports for choking indicate a significant increase in the number of choking reports and an increase in reports that refer to intervention to clear the obstruction, which is indicative of a true choking report. This will allow for accurate representation of events and risk; it also suggests there is a more active culture around reporting, as well as increased awareness around choking.

Weight comparison data highlighted that in 2017 patients who were more at risk of malnutrition (low weight category) were more likely to be supported with weight restoration whether or not they had input from a Dietician. Patients were able to weight restore to a greater extent than those who are not referred. In 2018, all patient groups are more likely to increase weight where they are not referred (including those with a higher starting weight), whereas patients with a high starting weight referred for dietetic input were supported with weight loss.

This suggests that staff are recognising risk of malnutrition at low weights, but indicates further work required around weight management and other nutritional needs.

In terms of supplement prescriptions- the data demonstrates more appropriate prescribing; ensuring funding is only used where absolutely necessary and suggesting staff are utilising the training provided to implement other means of nutrition support.

Some recommendations for the service as a result of this evaluation include:

- Further, repeated training in order to address the staff turnover and maintain confidence and competence
- Consider more targeted training for appropriate prescription of supplements and more specific nutritional risk training
- Work on ensuring the nutritional and SaLT related recommendations are embedded and visible within patients' care plans/CPA documentation where appropriate
- Consider a Therapy Assistant across Dietetics and SaLT to support embedding of specialisms on the wards

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Background

Carers of individuals with a diagnosis of 'personality disorder' experience high levels of carer burden and emotional distress (Bailey & Grenyer, 2014), yet few services exist to meet their needs (CG78, NICE, 2009). Leeds Personality Disorder Network has developed 'Cygnus', a co-produced course providing psychoeducation and peer support. Forty-one carers have completed the course, which has run eight times over three years. Evaluation questionnaires suggest that participants' knowledge and skills regarding personality disorder improves, as does their personal wellbeing. However, given the small numbers it is difficult to draw generalizable conclusions from this data.

Aims and Methodology

This project aimed to use qualitative methodology to gain more in depth understanding of the experiences of course participants. Six carers attended a focus group or individual interview exploring their needs as carers and their experience of the course; these were recorded and transcribed for thematic analysis.

Results

Carer Needs: Carers wanted a better understanding of the needs of the people they support and an opportunity to share their experiences with others:

"You are trapped in this environment with your own situation... you don't know any strategies other than what you're doing. And you know what you're doing is not working. So it's a downward spiral all the time..."

Positive experiences of the group: Key themes (see Figure 1) included the importance of learning about personality disorder and developing new ways to support their friend or relative:

"Everything makes a lot more sense."

"There are strategies that we put in place now..."

Participants valued feeling connected to others and particularly the input from an Expert-by-Experience co-facilitator:

"It was a good place to just get things out that you can't really talk about... a sense of fitting in with people, not feeling so alone..."

"Knowing that it wasn't just someone whose book learned it... someone who actually lives through it... yeah that definitely made it better."

Challenges of the group: Key themes (see Figure 2) included the emotional impact of group discussions and of the course ending:

"I think talking about your personal situation is emotional, it's never easy. It can be a bit overwhelming."

"There is a feeling of being a tad bereft [when the group ends]"

Some participants also noted some practical difficulties in accessing the course.

Support for carers of people with Personality Disorder

Recommendations from Carers:

1. Continued support following the course
2. Earlier access to support
3. Flexible options for accessing support
4. Preparation for the emotional impact of the course

Service Outcomes

1. Three further Cygnus courses in 2020
2. Improving information and promotion of the course
3. Continuing to provide the 'Andromeda' group for on-going peer support
4. Possible development of an online resource

References

Bailey RC & Grenyer BFS (2014). Supporting a person with personality disorder: A study of carer burden and well-being. *Journal of Personality Disorder*; 28: 796-809.

National Institute for Health and Care Excellence (NICE). Clinical Guidance CG78: Borderline personality disorder: recognition and management. NICE, 2009.

www.nice.org.uk/guidance/cg78

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FIGURE 1: Themes demonstrating positive experiences of attending the Cygnus course.



FIGURE 2: Themes demonstrating challenging experiences of attending the Cygnus course.



Objectives

To describe the impact of the variation in patient/staff ratios on the nature, frequency and severity of incidents in acute mental health wards.

Design

A retrospective descriptive study involving 34 wards from five regional NHS Trusts in the North of England including LYPFT. The Trusts covered a range of areas including cities, towns, and rural settlements, as well as a range of sociodemographic variables. All the wards were acute adult mental health wards. Data were retrieved for the time period 01 April 2016 to 31 March 2016.

Results

The study adds to a very weak evidence base. At present we have been able to undertake an analysis of nine wards. The wards appear very different so applying one standard methodology is probably not helpful. The results do not appear to replicate the work of Bowers or Crowder. Despite our efforts to gain external funding we have been unsuccessful which has considerably slowed down our efforts to analyse the data.

Incident data

A total of 2967 incidents were reported. The mean incident severity rating was 1.39 where 1 is no harm, and serious incidents and deaths were rare. Violence and aggression was the most frequent type of incident followed by self-harm.

Incidents increased in frequency from early morning until 11am and then rose gradually until 9pm. Incidents were distributed evenly across days of the week with a slight increase on Fridays. Additional data regarding subcategories of type of incidents were available for two NHS Trusts and further subsample analyses were performed (n=1403).

Strengths and limitations of this study

- Large sample size across multiple NHS Trusts
- Incidents are often subject to under reporting and incomplete completion
- Rating of severity of incidents is subjective and from staff perspective
- Subsample analyses only included two of the five NHS Trusts

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Liaison psychiatry - measurement and evaluation of service types, referral patterns and outcomes (LP-MAESTRO)

Introduction

This article describes the protocol for a project that will use linkage of routinely collected NHS data to answer a question about the nature and effectiveness of liaison psychiatry services in acute hospitals in England.

Methods and analysis

The project will use three data sources:

- 1) Hospital Episode Statistics (HES), a database controlled by NHS Digital that contains patient data relating to emergency department (ED), inpatient and outpatient episodes at hospitals in England;
- 2) ResearchOne, a research database controlled by The Phoenix Partnership (TPP) that contains patient data relating to primary care provided by organisations using the SystmOne clinical information system and;
- 3) Clinical databases controlled by mental health trusts that contain patient data relating to care provided by liaison psychiatry services.

We will link patient data from these sources to construct care pathways for patients who have been admitted to a particular hospital and determine those patients who have been seen by a liaison psychiatry service during their admission.

Patient care pathways will form the basis of a matched cohort design to test the effectiveness of liaison intervention. We will combine healthcare utilisation within care pathways using cost figures from national databases. We will compare the cost of each care pathway and the impact of a broad set of health-related outcomes to obtain

preliminary estimates of cost-effectiveness for liaison psychiatry services. We will carry out an exploratory incremental cost-effectiveness analysis from a whole system perspective.

Ethics and dissemination

Individual patient consent will not be feasible for this study. Favourable ethical opinion has been obtained from the NHS Research Ethics Committee (North of Scotland) (REF: 16/NS/0025) for Work Stream 2 (phase 1) of the Liaison psychiatry—measurement and evaluation of service types, referral patterns and outcomes study. The Confidentiality Advisory Group at the Health Research Authority determined that Section 251 approval under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 was not required for the study 'on the basis that there is no disclosure of patient identifiable data without consent' (REF: 16/CAG/0037).

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Other researchers

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This work package is part of the wider study, the full article can be found at: <https://bmjopen.bmj.com/content/9/11/e032179>

Overview of research aims

Evidence suggests that emotional distress (e.g. depression and anxiety) is commonly reported by individuals meeting criteria for psychosis spectrum disorders. It has been argued that the appraisals individuals hold about the meaning of their psychosis may explain the emotional distress experienced. However, this literature has often failed to acknowledge the role of other variables in accounting for this distress. Our research aimed to investigate the mechanisms underpinning emotional distress in those experiencing psychosis, by focusing specifically on psychosis-related appraisals and goal expectancy. Specifically, we aimed to investigate whether appraisals of psychosis and goal expectancy would predict emotional distress, conceptualised as depressive and anxiety symptoms and suicidal ideation within the context of our research. We also aimed to investigate the association between goal appraisals and depressive symptoms, controlling for appraisals of psychosis experience over a six-month period. As part of the research project we also sought to validate the goal task, a measure which featured heavily in our research.

Research findings

A total of three papers were written up.

The first paper aimed to validate a goal generation task within individuals experiencing psychosis. Using Behaviour Sequence Analysis, the utility of the task in capturing goal generation processes in those meeting criteria for psychosis was determined. The study highlighted that those experiencing psychosis were able to progress from lower to higher-order goals. Our research also found that goals

around autonomy and independence were frequently reported by individuals experiencing psychosis and who were accessing support from rehabilitation services.

Our second paper, a cross-sectional study, aimed to investigate the extent to which psychosis related appraisals and goal expectancies (goal likelihood and goal difficulty) could account for emotional distress in those experiencing psychosis. A total of 73 individuals accessing support from a rehabilitation service were recruited, five participants were recruited at LYPFT. Results revealed that appraisals of psychosis were significantly associated with depressive and anxiety symptoms. Specifically, appraisals of psychosis as a source of internal shame and defectiveness, external shame and as resulting in loss (e.g. loss of future employments) were all found to predict both depressive and anxiety symptoms. Many of these associations held when controlling for other variables. Only appraisals of internal shame and defectiveness were found to be significantly associated with suicidal ideation, however, this association did not hold when controlling for other variables. Goal appraisals, on the other hand, were not found to be associated with emotional distress.

Our third study aimed to expand upon the results presented in study two by investigating the longitudinal association between goal expectancies (goal likelihood, difficulty and progress) and depression. A series of mixed model regression analyses were carried out to determine the concurrent association between the variables and to establish if the degree of change in goal appraisals would correspond with changes in depression scores. On the whole these models revealed that goal

expectancies do not have a consistent association with emotional distress when adjusting for other factors. However, they did highlight that appraisals of psychosis may be implicated in emotional distress in individuals experiencing psychosis.

Dissemination

These three studies were written up as part of the student researcher's (Esmira Ropaj) PhD thesis. The above studies were presented at an international conference in July this year. We aim to publish each of the studies in peer review journals.



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Hello my name is...

Zoe Goff

My role as an Academic Clinical Fellow (ACF) within Leeds and York Partnership NHS Foundation Trust allows me to incorporate research into my day-to-day work. This means that alongside working clinically as a core trainee doctor, I also have dedicated time to complete a research project in association with the University of Leeds. Although I am likely to be involved in a variety of different projects during my three-year post, my main area of interest is diabetes care within a psychiatric inpatient setting. The work that I complete during this time will hopefully lay the foundations for the planning and implementation of strategies to improve our inpatient diabetes care.



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Hello my name is...

Richard Pettinger

I'm Rich, a Yorkshire man through and through. I once left the 'shire for my undergraduate degree at Keele University, but the it was too far South, so I returned to Yorkshire for medical school.

Whilst at Keele I studied Biomedical Sciences and completed my dissertation in the regenerative medicine group at the Institute of Science and Technology in Medicine. My dissertation looked at oligodendrocyte progenitor cells and the uptake of functionalised magnetic nano particles. I also studied medicinal chemistry and drug development modules. During my time at Keele I developed different "wet-lab" skills, including cell culture, microscopy/histological techniques and organic synthesis.

After my undergraduate degree, I studied at the Hull York Medical School where I further developed my interest in research. I worked with Prof.C.Lacey on a summer project at the Centre for Immunology & Infection, looking at FcRN receptors in human tissue as potential for HIV vaccine delivery. I also studied special interest modules in drug development, cyp450 evolution and gender identity disorder (GID). I was also able to present some of my GID research at the RCGP annual conference.

During my elective I worked at the Terem Emergency Medical Services in Jerusalem where I developed a consent form using Helsinki Guidelines for the TYTO telemedicine research project.

Having lived in the South of Yorkshire and studying in the North, I thought I'd complete the set and applied to work in the West as a foundation doctor. I completed an Academic Foundation Programme at

Bradford & Leeds, working under Prof. Burke at the colorectal research unit. I was part of a research group looking at antibiotic duration in complicated intra-abdominal infections.

I started my psychiatry training in 2018, working at the South West Yorkshire Foundation Trust and Yorkshire Centre for Forensic Psychiatry. During my psychiatry training I was encouraged by my tutors to pursue my research interests and successfully applied for an Academic Clinical Fellow (ACF) post in August 2019.

I have since begun researching the relationship between inflammatory processes and depressive illness, working under Prof.Else Guthrie and Dr. Max Henderson. The research focuses on patients with inflammatory arthritides (inflammatory diseases affecting the synovial joints and related structures) and the bidirectional relationship between depression and inflammatory arthritides. My current project is in collaboration with the research conducted by Prof.M.Buch on rheumatoid arthritis and the VEDERA drug trial.

As an ACF I have split training between clinical psychiatry and academia, with a view to apply for a PhD fellowship to further develop my research interests and skills.

I been fortunate to work and study under fantastic academics as a student, foundation doctor and now as an ACF. I hope to continue to work with the research units within Leeds, being part of a supportive and innovative research environment.

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SCENE Experience of an interventionist

SCENE is a social contacts coaching programme to help people living with psychosis to increase the number of people they have social contact with. Research studies in other countries have been successful in helping people to make larger social networks, so researchers in the UK are now looking to see if we are able to help NHS patients in the same way. We hope that such an intervention will help service users to experience positive changes, including improved quality of life. SCENE is funded by the National Institute for Health Research and is co-ordinated in the Unit for Social and Community Psychiatry (WHO Collaborating Centre for Mental Health Service Development) which is supported by both Queen Mary University of London (QMUL) and East London NHS Foundation Trust (ELFT).

The SCENE coaching programme is running in LYPFT. Nine service users have taken part in the programme so far. We asked one of the interventionists on the study to share their experience of being part of SCENE:

“I have thoroughly enjoyed participating in the SCENE intervention study. Through this I have developed my own interest in research. Engaging in this study would be useful for anyone wanting to have involvement in research in the future. I have found that this did not take up a large proportion of my time and it was a pleasure working with the participant I was allocated. I have developed in confidence regarding more autonomous working and managing my own time

which will aid me in my future career. I have had the opportunity to be able to see the progress an individual was making socially and observed their mental health which improved throughout. Furthermore the training package and resources help to prepare you for the intervention. If needed I could always ask for help during this process, in addition to receiving a supervision session”.



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Child and Adolescent Mental Health Research

The 17th Annual Child and Adolescent Mental Health Research Networking Conference hosted by the Child Oriented Mental Health Intervention Centre (COMIC)

The conference had over 150 attendees, more than any previous year. Both clinicians and researchers attended and presented, making it a very productive day for networking about child mental health, current and future research.

Professor Barry Wright, chair of child mental health at the University of York, discussed the Child Oriented Mental Health Intervention Centre (COMIC) which he leads and the various research studies currently being conducted. He also spoke about a new piece of research into social prescribing in CAMHS and other settings and asked for any potential data anyone may be able to add to research in this area.

Dr Hannah Armit, a clinical psychologist with the Humber NHS Trust, discussed green and blue spaces and whether or not children whose parents have serious mental health problems are accessing them. She described how these spaces can be helpful for mental health and proposed the use of them for this population and why this might be important.

Aisha Jallow, from the Hull York Medical School discussed examining the Neanderthal Genome for known ASD vulnerability genes. She shared that in terms of evolution some typical characteristics of ASD may have been very beneficial. She also discussed some preliminary results and challenges of studying in this field.

Chris Rhymes, lead researcher with the Yorkshire and Humber CRN, explained the process for CRN support of research studies for NHS and University organisations. He also discussed the study support service and some local offerings.

Megan Garside, research assistant with the COMIC team, presented findings from the Cluster research project. The project is a large scale survey which evaluated mental health provision in secondary schools across Yorkshire and Humber.

Dr Catarina Teige, research programme manager for the COMIC research team, presented feasibility results from the MicroRNA study. The results showed that it is feasible to recruit from this population and to conduct the microRNA expression analysis.

Abigail Gee, an academic foundation year 2 doctor, presented some upcoming work with hearing children of Deaf parents and their experiences with language brokering. She discussed some instances of children interpreting for their parents in clinical settings and discussed the implications of this.

After lunch, Dr Lina Gega, Reader in mental health at the Hull York Medical School, presented the Young SMILES project which used an intervention to improve the quality of life of children and young people whose parents have a serious mental health difficulty. She showed some positive results of the intervention and shared some comments received by participants speaking highly of the intervention.

Research assistants Rachel Hodgkinson and Hannah Edwards presented the ASSSIST2 study which looks into Social Stories and their clinical and cost effectiveness for children and young people with autism in primary schools. They explained the process and eligibility criteria and asked that anyone interested contact them as the study is currently recruiting.

Professor Barry Wright presented again about the DIADS research study and shared the results of this. The study adapted

h Networking Conference

routinely used autism assessment tools to make them more appropriate for Deaf children and young people. The team hopes to widely disseminate this work to NDCAMHS across the country. We also hope to host a conference around autism assessment in deaf children.

Professor Tracey Bywater and Abigail Dunn from the University of York's Health Sciences department presented the Me and My Baby bonding tool which was trialled with new mothers following a less successful questionnaire (the MPAS). The questionnaire was delivered by health visitors to support families and identify issues and was well received.

It was a great day with fantastic opportunities for researcher and clinicians to network and potentially creating links for future research avenues and projects. The COMIC team would like to thank the presenters, the interpreters, as well as all attendees for creating such a successful event.

If you would like to get in touch with us about research, future conference attendance, or networking in general, please email research.comic@nhs.net You can also find more information about who we are and what we do on www.comic.org.uk/. If you would like to follow us on twitter, our handle is [@COMICResearchUK](https://twitter.com/COMICResearchUK).



Finding the Evidence - training dates for your diary

The following courses are free to all Trust staff.

Alongside the schedule of courses below, the library runs a number of sessions on request. These include:

Cochrane library training -

This course focuses on the skills required to search the Cochrane Library effectively to retrieve high quality evidence to support work and study.

Critical appraisal -

This course focuses on why it is important to appraise journal articles, how to go about doing this, and how to get further help.

Current awareness -

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

E-journals and e-books -

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

Google and beyond -

Aimed at staff who wish to gain skills in searching Google for information to support their work, practice or professional development.

Healthcare databases -

This course focuses on searching healthcare databases.

NHS OpenAthens account -

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

MAY				
06	Wed	10.00-12.30	Healthcare Databases	IT Suite, Mount Annexe
07	Thur	10:00-12:00	Google and Beyond	LERC, LGI
12	Tue	13.00-15.00	Critical appraisal	IT Suite, Mount Annexe
14	Thur	10.00-12.30	Healthcare Databases	Morley Health Centre
20	Wed	09.00-16.30	Finding and appraising the evidence	Bexley
JUNE				
01	Mon	10.00-12.00	Healthcare Databases	Bexley
03	Wed	10.00-12.30	Critical Appraisal	IT Suite, Mount Annexe
10	Wed	13.00-15.30	Healthcare Databases	Morley Health Centre
19	Fri	09.00-16.30	Finding and appraising the evidence	LERC, LGI
24	Wed	10.00-12.00	Google and Beyond	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 for more details.

For more information about any of our library courses and to book your place, visit 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.

The Research Design Service (www.rds-yh.nihr.ac.uk/) provides guidance and support that you will need to access when making an application for NIHR funding. They also provide funding to enable service users, carers and the public to contribute to the development of your research bid.

Funding stream	Deadline
Health Services and Delivery Research (HS&DR)	Commissioned (Stage 1) – 07 May, 1pm
HTA Commissioned Calls	Primary Research (Stage 1) – 06 May, 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/

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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Clear 2020

Collaborative Learning through Evidence and Research

Date: Tuesday 16th June 2020 Venue: Bradford City Football Club

Brought to you by Bradford District Care NHS Foundation Trust Library and Research Development teams CLEAR 2020 will include a mix of local and national research as a range of presentations and posters to highlight quality led practice based practice projects.

Confirmed speakers so far include:

- Dr Tom Foley, NHS Director of Research, author of The Topol Review – The Digital Revolution and its Workforce
- Professor Sir Simon Gilbody, Director of the Mental Health and Addictions Research Group, University of York
- David Stewart, Director Health Libraries North & CILIP Vice-President

For further information and to book a place please visit:
www.eventbrite.co.uk/e/82199710547

POSTPONED