



# Innovation

Research and Development Newsletter



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Save the date: CAMHS Research Networking Conference 2021



## Editorial issue 42 Innovation

Welcome to our 40th edition of Innovation. Good news – we have COVID-19 vaccines! This has only been possible because of clinical research. The development of these vaccines is very highly regulated and they are being rolled out as they have been rigorously tested and proven to be safe and effective. I am looking forward to being vaccinated so we can begin to recover opportunities to safely meet each other and recreate our communities.

This will be my last Editorial for Innovation as I hang up my research hat in March 2021 and put my slippers on. Many thanks to all the wonderful people I have had the privilege of working with in LYPFT over the last 12 years, especially the fabulous R&D team!

I warmly welcome the new starters in the R&D team who introduce themselves in this edition of Innovation: Anna Taylor is our newest Academic Clinical Fellow, and Leah Attwell, Hayley Carrick, Sarah Parkinson, Emma Standley and Eleni Tsappis join us as research assistants.

The completed projects covered this time are:

- Cognitive behavioural therapy for adults with dissociative seizures (CODES)
- Experiences of Disclosing Self-Harm to Non-Professionals
- Journeying through Dementia
- Masculinity and Psychotherapy
- MicroRNA Autism Research Study (MARS)
- Population-based study of the mental health and wellbeing of children and young people
- Problem-solving therapy rather than treatment as usual for adults after self-harm MIDSHIPS trial
- Diagnostic Instruments in Deaf Children Study (DIADS)

Additionally you can see some of Susan Guthrie's work in the article about the mealtime experience of adults with mental health conditions. Susan is one of our two Clinical Academic Fellows, completing her PhD alongside her clinical work as a speech & language therapist in the Trust's Recovery & Rehabilitation Service.

The research forum took place as a successful zoom event this year. We had an impressive line-up of researchers from the universities of Leeds, York, Oxford, Nottingham and Portsmouth. More details follow, along with the usual funding deadline information.


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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# Cognitive behavioural therapy for adults with dissociative seizures (CODES)



Cognitive Behavioural Therapy for Dissociative (Non-Epileptic) Seizures

Dear Participant,  
Thank you for taking part in the CODES trial. As we have now completed our research into using CBT to treat Dissociative Seizures, we are happy to share our results with you. This leaflet gives you a summary of our results and you can access a link to the report on our website:

[www.codestrial.org](http://www.codestrial.org)

*"I just stopped going out. I didn't do anything and didn't go anywhere... Almost to the point I think, that we sort of isolated ourselves from everybody cos I was too frightened to go out"*  
Participant before the trial

*"CODES gave me hope that they were doing something specifically for this diagnosis... that's so good, there's people out there who are going to help me do it and there's other people that are like me"*  
Participant after the trial

If any of the information you have read in this leaflet has caused you distress please contact your GP or any of the services listed below for crisis support:

**HopeLine UK**  
☎ 08000 684141 or ✉ [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)  
**Samaritans**  
Emotional support for anyone in distress  
☎ 116 123  
**MIND**  
☎ 0300 123 3393 or text 86463  
**CALM (for men 5pm-12am)**  
☎ 0800 58 58 58

For further information and support relating to dissociative seizures:

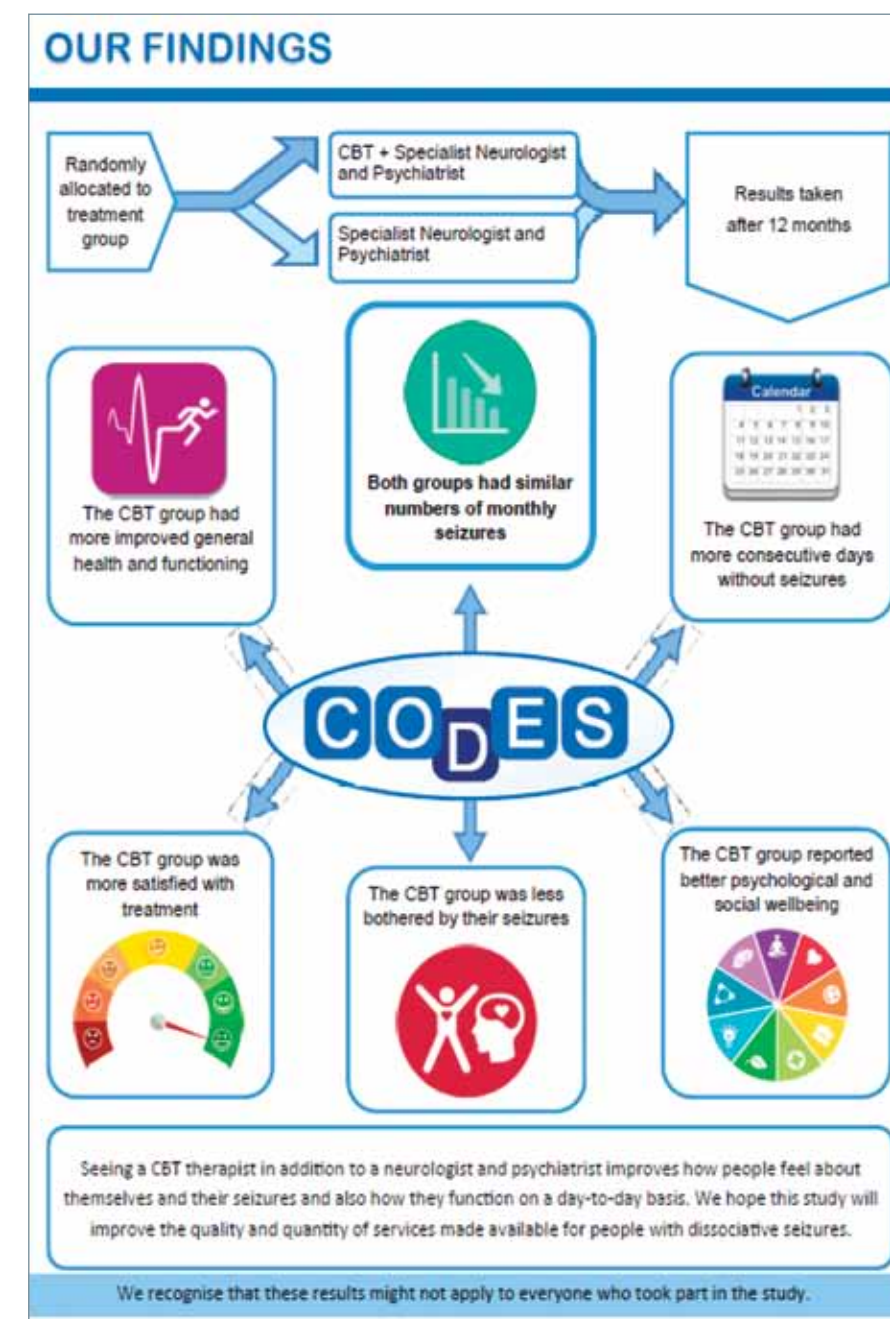
**FND Hope:** [fndhope.org](http://fndhope.org)  
**FND Action:** [www.fndaction.org.uk](http://www.fndaction.org.uk)  
**Neurosymptoms.org**  
<http://www.nonepilepticattacks.info/>

For more information about the trial contact the CODES team:  
✉ [CODESTrial@kcl.ac.uk](mailto:CODESTrial@kcl.ac.uk)

**KING'S COLLEGE LONDON** **NIHR** National Institute for Health Research

This leaflet describes independent research funded by the National Institute for Health Research (Health Technology Assessment programme, 12/20/01, Cognitive behavioural therapy vs standard medical care for adults with Dissociative non-Epileptic Seizures: A multicentre randomised controlled trial (CODES)). The views expressed in this publication are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

**CODES** King's College London 2019







# Diagnostic Instruments in Deaf Children Study: DIADS

No Autism Spectrum Disorder (ASD) assessments have been validated for use with deaf children/young people. We sought to adapt and validate selected Autism Spectrum Disorder assessments to improve accessibility for deaf children/young people and to improve diagnostic accuracy.

### Assessments for Adaptation

We adapted the following:

Social Responsive Scale – 2 (SRS™-2) Social Responsiveness Scale, Second Edition by John N. Constantino, MD - a screening assessment tool for parents/carers to complete whilst specifically thinking about their child during the previous 6 months.

Autism Diagnostic Interview - (ADI™-R) Autism Diagnostic Interview™, Revised by Michael Rutter, MD, FRS, Ann Le Couteur, MBBS, et al. – a semi-structured interview for clinicians to conduct with parents/carers in order to obtain a full ASD relevant developmental history.

Autism Diagnostic Observation Schedule, Edition 2 - (ADOS™-2) Autism Diagnostic Observation Schedule™, Second Edition by Catherine Lord, PhD, Michael Rutter, MD, et al. - a play-based and interactive assessment, for use by clinicians, requiring a child/young person to complete a variety of tasks.

### Setting

Research assistants based in London, the Midlands and the North of England, recruited participants from across England through schools, national organisations, data bases and National Deaf CAMHS' networks as contact sources.

Table 1.

Target Groups	Recruited and consented	Aim
Deaf children with ASD	78	65
Deaf children without ASD	126 <sup>s</sup>	65
Hearing children with ASD	55	65

### Methods

Delphi Consensus phase. A group of international experts on deaf children/young people with ASD considered items, questions and tasks for all assessment modules seeking concordance on whether to discard, give agreement or offer modification suggestions.

Validation phase:

- Translation**  
There were forward and back translation teams (of two bi-lingual translators in each group) for the SRS-2 Deaf adaptation. The written version of the SRS-2 Deaf adaption was validated, (the BSL translation for SRS-2 is not yet validated).
- Recruitment**  
The participants were deaf children and young people aged between 2 and 18 years with and without ASD. Additional Hearing children and young people aged between 2 and 18 years with ASD were also recruited, to identify potential differences in the ASD traits exhibited by deaf and hearing children. The total number of consented children recruited at the study's conclusion are shown in the below table.

Table 1. The total number of consented children recruited at the study's conclusion.

Findings for each assessment:  
Table 2 demonstrates the specificity and sensitivity for each assessment:

Table 2.

Assessments	Sensitivity	Specificity
ADI-R Deaf adaptation	89%	81%
SRS-2 Deaf adaptation - cut of 73 IROC Curve)	80%	66%
ADOS-2 Deaf adaptation - module 1, 2, 3	79%	79%

Validation proved these tools effective in detecting whether or not deaf children/young people may have ASD. Following validation, these tools are being used within the deaf population in England. This had been accepted by Western Psychological Services (WPS) and are called the 'Deaf adaptation'.

### Conclusion

The findings demonstrate that the deaf adapted assessments are suitable for use by clinicians working with deaf children and young people who may have ASD.

Additional findings of interest from the ADIR deaf adaptaion show a higher percentage of deaf children with ASD using 'pointing' as compared to their hearing counterparts; Deaf ASD 31% - Hearing ASD 17%. Similarly, deaf children with ASD demonstrate greater use of facial expressions to communicate; deaf ASD 22% and hearing ASD 10%. Both features are fundamental to communication in deaf populations.

DIADS has trained more deaf clinicians/professionals as administrators of the ADOS-2 deaf adaptation; therefore using direct communication and giving deaf children/young people the opportunity to independently express themselves without the need for a BSL interpreter.

### Special thanks

This study would not have been possible without the families and their children, the clinician's from National Deaf CAMHS and other mental health settings.

### Funded/Approvals

The study was reviewed and approved by the Research and Development department with the Leeds and York Partnership NHS

Foundation Trust (LYPFT). A positive ethical opinion was obtained from National Research Ethics Service (NRES) Committee Yorkshire & the Humber - South Yorkshire. REC Reference: 15/YH/0093 for the Delphi Consensus Phase on 22/05/2014 and for the validation phase of the study on 17/04/2015. The study was undertaken with the agreement of the original authors of the SRS-2 [28] and the relevant permissions were obtained from Western Psychological Services (WPS), the publishers of the measure.

### Publications to date

Brenman, N. F., Hiddinga, A., & Wright, B. (2017). Intersecting cultures in deaf mental health: An ethnographic study of NHS professionals diagnosing autism in D/deaf children. *Culture, Medicine, and Psychiatry*, 41(3), 431-452.

Young, A., Ferguson-Coleman, E., Wright, B., & Le Couteur, A. (2019). Parental Conceptualizations of Autism and Deafness in British Deaf Children. *The Journal of Deaf Studies and Deaf Education*, 24(3), 280-288.

Wright B, Phillips H, Le Couteur A, Sweetman J, Hodgkinson R, Ralph-Lewis A, Hayward E, Brenna A, Mulloy J, Day N, Bland Mm, Allgar M (2021) Modifying and Validating the Social Responsiveness Scale Edition 2 for use with Deaf Children and Young People. *PlosOne Journal* (Just accepted for publication November 2020)

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# Problem-solving therapy for adults after self-harm: MIDSHIPS trial

## Background

Non-fatal self-harm is one of the commonest reasons for adults' emergency hospital attendance. Although strongly associated with fatal and non-fatal repetition, there is weak evidence about effective interventions—and no clear NICE guidance or clinical consensus concerning aftercare. We examined the practicability of a definitive trial to evaluate problem-solving therapy (PST) to reduce repetition of self-harm. MIDSHIPS is a single-centre, parallel-group, individually randomised controlled feasibility trial comparing treatment-as-usual (TAU) alone to TAU plus up to six sessions of brief problem-solving therapy (PST) with adults who had recently attended hospital because of self-harm. Objectives were to adapt the intervention for a UK setting, train therapists, recruit and randomise patients, deliver PST under supervision, and establish comparative outcomes, assessed blindly.

## Methods

We adapted the problem-solving intervention from an earlier trial and trained a mental health nurse to deliver it. Adult patients attending the general hospital for self-harm were recruited while undergoing psychosocial assessment by the mental health team, and 62 were randomly allocated (32 TAU, 30 PST). The primary outcome assessed repeat hospital attendance due to further self-harm 6 months post-randomisation. Secondary outcomes included participant-reported outcomes and service use at 3 and 6 months post-randomisation.

## Results

The recruitment period had to be extended and 710 patients screened in order to establish a trial sample of the planned size (N = 62). A quarter of participants allocated to PST did not undertake the therapy offered; those who received PST

attended a median of three sessions. Secondary outcomes were established for 49 (79%) participants at 6 months; all participants' hospital records were retrieved. Repetition of self-harm leading to hospital presentation occurred in 19 of the 62 participants (30.6%, 95% CI 19.2%, 42.1%) within 6 months of randomisation. Promising differential rates of self-harm were observed with an event rate of 23.3% (95% CI 8.2%, 38.5%) in the PST arm; and 37.5% (95% CI 20.7%, 54.3%) in TAU. Economic findings were also encouraging, with a small QALY gain (0.0203) in the PST arm together with less reported use of the NHS in the PST arm (average £2120) than with TAU-only (£2878).

## Conclusions

The feasibility trial achieved its objectives despite considerable difficulties with recruitment—adapting the PST, training a therapist, recruiting patients who had recently self-harmed, delivering the therapy, and establishing primary and secondary outcomes. These data provide a robust platform for a definitive multicentre randomised controlled trial of brief problem-solving therapy after hospital attendance due to self-harm.

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Other researchers

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# Experience of Disclosing Self-Harm to Non-Professionals

## Background

Research suggests that self-harm is often a private behaviour and many individuals do not disclose their self-harm. People who feel unable to disclose their self-harm have less opportunity to seek support. There is a paucity of research on adult self-harm disclosure experiences, with most existing studies recruiting adolescents.

## Aims

This study aimed to understand the expectations and experiences of adults who self-harm when they disclose to non-professionals.

## Methods

Ten participants (aged 26-51) were recruited through the NHS and a third sector organisation. Semi-structured interviews were conducted and data were analysed using thematic analysis.

## Results

Four themes were identified:

- 'The insular nature of self-harm'
- 'Imagined versus reality'
- 'Self-preservation' and
- 'New ways of relating'.

Participants described self-harm as an insular behaviour, which created an inherent tension when considering disclosure; a social process. There were risks associated with self-harm disclosure, including stigma and losing control. Participants carefully considered the decision to disclose, experiencing high levels of ambivalence about disclosing and spending extended periods rehearsing potential disclosures. In reality, disclosure experiences were sometimes very different, with participants describing a range of positive and negative responses. Making such risky personal disclosures meant self-preservation was key, both during and after a disclosure. Participants found new ways of relating to their disclosure recipients and evaluated future potential disclosures depending on the response received. Most participants had experienced negative responses, which caused distress and curtailed future disclosures,



highlighting a need for improved public awareness of supportive responses to disclosures of self-harm. Advice given by participants given was:

- Letting self-harm exist
- Subtle checking-in
- Letting the person who self-harms tell you at their own pace in their own terms
- Not just focusing on the self-harm
- Physical affection
- Being honest – not pretending to understand
- Ask the person who self-harms what they would find helpful
- Reassure the person who self-harms that you will be there for them
- Remain calm
- Being available, but not trying to fix
- Be non-judgemental
- Provide practical support if wanted
- Making sure that control remains with the person who is disclosing self-harm
- Finding a way to have ongoing conversation that the person who self-harms finds helpful
- Do not treat self-harm like an overwhelming thing

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Supervised by:

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# Masculinity and psychotherapy

## A qualitative study of clinical psychologists' experiences working with men.

**Introduction:** Generally, men are less likely to seek psychotherapy than women, despite suffering similar rates of mental health difficulties. Theorists often link men's mental health difficulties and their reluctance to seek help to societal models of masculinity, which emphasise restrictive emotionality and toughness. Therapy, with its emphasis on emotional vulnerability, has been described as the antithesis of masculinity. However, if men are well engaged they can achieve similar rates of positive outcomes as women. Evidence suggests that therapists are reluctant to admit to making assumptions based on gender about their male clients but to make use of gender stereotypes in their talk about clients anyway. This study aimed to examine how discourses of masculinity influenced and were used within therapists' talk about their male clients, and what the implications of this might be.

**Method:** Semi-structured interviews were conducted with 9 UK Clinical Psychologists working in adult secondary mental health care about their experiences of working with male clients in therapy. Responses were analysed using Foucauldian Discourse Analysis.



**Results:** Participants' responses to their male clients were informed by wider discourses of masculinity, and aspects of masculinity were constructed as posing specific difficulties in therapy with men by all participants. Participants were more likely to rely on discourses of masculinity, as opposed to psychological discourses of mental health, when talking about clients who had evoked strong negative feelings, such as fear or revulsion, or with whom therapy had not been successful. It was possible to overcome this tendency; however, achieving this required deliberate, on-going effort and self-reflection on the part of the therapist.

## Discussion

This study highlighted the importance of therapists reflecting on and processing their own assumptions about and responses to aspects of masculinity in their work with male clients, so that they do not become barriers to effective therapeutic engagement.

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# MicroRNA Autism Research Study (MARS)

The Trust's Child Oriented Mental health Intervention Centre research team received funding from the Centre for Future Health at the University of York in 2018 to conduct a feasibility study investigating the role of microRNAs\* in Autism Spectrum Conditions (ASC). ASC are present in approximately 1/100 people in the UK (Baird et al, 2016). There is currently no known biological marker that has been identified in ASC, despite evidence of genetic heritability.

Previous literature has identified approximately 4,300 microRNAs in humans (Friedlander et al, 2014). They can cross the blood-brain barrier, are stable and can be measured in the blood (Hicks & Middleton, 2016). They are thought to modify mRNA translation in the brain (Wang et al, 2012) and to be important in the generation of synapses, neuronal growth and neuronal migration (Tonelli et al, 2008). A review by Hicks and Middleton (2016) found 27 microRNAs with overlap across ASC studies. MicroRNAs could therefore play a role in the heritability of ASC in cases where no cause has been found through traditional genetic screening.

This study recruited families from the Yorkshire and Sheffield areas, where there were 2 members with an ASC diagnosis and 2 members without a diagnosis. Participants were visited at home by a researcher and a clinician and completed 2 ASC questionnaires and gave 2 blood samples. One blood sample was taken for routine genetic testing and the other sample was analysed for microRNA at the Biology laboratory at the University of York.

Of the 27 microRNAs identified by Hicks and Middleton (2016), 3 were found in 3 or more studies in their review, and one of these was found to be differentially expressed in our data. Furthermore, four other microRNAs that were differentially expressed in our data having been identified as associated with ASC in other publications (Seno, 2011; Wu, 2016; Huang, 2015; Huang, 2015).

The COMIC microRNA study successfully tested the feasibility of the scientific methods and recruitment procedures. We measured acceptability of the study and data collection methods with participants. The information collected through this feasibility study will allow the development of a large scale trial to investigate the role of microRNAs further. We are currently in the process of applying for funding for future research in this area.

This work was part-funded by the Wellcome Trust [ref: 204829] through the Centre for Future Health (CFH) at the University of York.

\*microRNAs (or MiRNAs) –are very small molecules in the blood. They can switch genes on and off and are thought to be important to how neurons grow and how different brain areas are connected.

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# Population-based study of the mental health and wellbeing of children and young people

## Research Forum 2020

### Background

There has been a recent reported rise in prevalence of mental health problems among children in the United Kingdom, alongside increased referrals into specialist services.

There is a need for up-to-date information regarding changing trends of young people's mental health to allow for improved understanding and service planning.

### Objectives

This article aims to provide an overview of the current mental health and wellbeing of years 8, 9 and 11 secondary school-aged pupils from two large regions in the North of England.

### Method

This was a cohort cross-sectional study. Measures including the Strengths and Difficulties questionnaire, the EQ-5D-Y, social media use questions, and a mental health service use questionnaire were completed by participants.

### Results

In total, 6328 questionnaires were returned from 21 secondary schools. One in 10 participating pupils scored 'very high' for total mental health difficulties. Significant differences on wellbeing scores were found between both gender and year groups.

### Conclusion

In recent years, the proportion of children facing mental health problems has increased. In particular, high levels of female pupils and year 11 pupils report facing difficulties. It is important to develop targeted, accessible interventions, and to continue to collect up-to-date measures for this population.

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Other Researchers

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LYPFT; **Victoria Allgar, University of York;**  
**and Helen Thorpe, Rotherham Doncaster**  
**and South Humber NHS Foundation Trust.**

The 2020 Annual Research Forum showcased the fantastic research completed by our Trust staff and academic collaborators.

In line with 2020 COVID-19 restrictions the event was unable to go ahead in a physical location but was held online using Zoom. Unexpected pulls on staff time and availability reduced the regular number of delegates; regardless of this the event went well and created a forum for sharing and discussion.

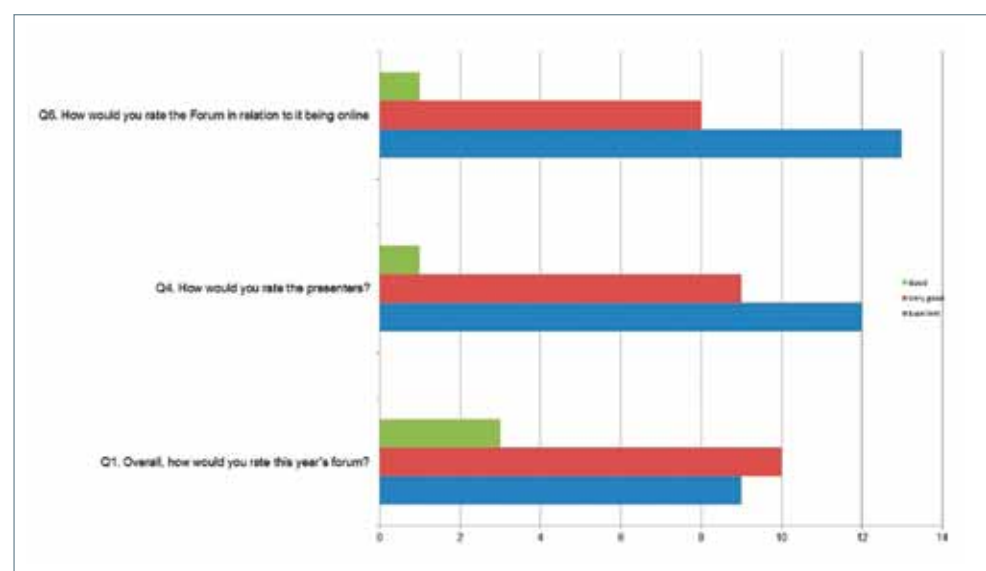
The event was opened by Medical Director, Dr Chris Hosker, who welcomed delegates to the event. Chris wanted to celebrate the work that has been done by the Trust and collaborating partners and highlighted his pride and honour to have Research and Development as a function of the medical directorate. Chris echoed that to achieve consistent high quality care for service users one of his priority areas is to have a 'joined up excellent Research and Development team'.

Presentations throughout the day covered a wide range of topics and included results from Autoimmune causes of psychosis –

fact or fiction presented by Belinda Lennox, the Journeying through Dementia study looking at whether attending a 12-week community programme had a positive impact on the quality of life for people who are living with the early stages of dementia. Updates from LYPFT's own Dr George Crowther on older people's research opportunities in Leeds and Professor Barry Wright on Child and Adolescent Mental Health studies available. Jo Ramsden introduced the idea of the research Dragons' Den taking place during Research Forum in November 2021. The day featured some excellent updates and none more so than the striking visual display of findings from Paul Heron, University of York, on 'What the national Health and Wellbeing SMI study learned about local service users'. The presentations were well received and stimulated a good chat afterwards.

More information, slides and videos from the event can be found online here:  
[www.leedsandyorkpft.nhs.uk/research/annual-research-forum/](http://www.leedsandyorkpft.nhs.uk/research/annual-research-forum/)

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### The event was able to capture feedback from the event

“ Face to face conferences are preferable but I thought online worked really well too, better than I expected. I thought it all went smoothly and was a great day. Thanks to everyone who worked hard on it! ”

“ Presenting through Zoom went well, it was good there was a host ready to allow speakers to share screens and help with any technical issues that may have arisen. ”

“ The team have done really well to organise the forum in a completely different format which worked well. The chairs did well to keep things to time and having the option of asking a question through the chat function was good. ”

“ The content of the presentations was really good and the usual great feel of the forum was kept despite COVID-19 taking us online. ”



# The mealtime experience of adults with mental health conditions

## THE MEALTIME EXPERIENCE OF ADULTS WITH MENTAL HEALTH CONDITIONS, AN INTEGRATIVE LITERATURE REVIEW

**Authors:** Susan Guthrie<sup>1,2</sup>; John Baker<sup>1</sup>; Jane Cahill<sup>1</sup>; Bronwyn Hemsley<sup>3</sup>  
1. University of Leeds, UK; 2. Leeds and York Partnership NHS Trust, UK;  
3. University of Technology, Sydney, Australia

### Introduction

Dysphagia in adults with mental health conditions is of known importance with increasing recognition of the high prevalence of near miss and fatal choking incidents on swallowing food and medication. Patient inclusion in recovery and treatment decision making is widely promoted in UK national guidance regarding mental health. To achieve effective co-production it is necessary to understand patient perspectives and to support shared decision making.

### Objectives

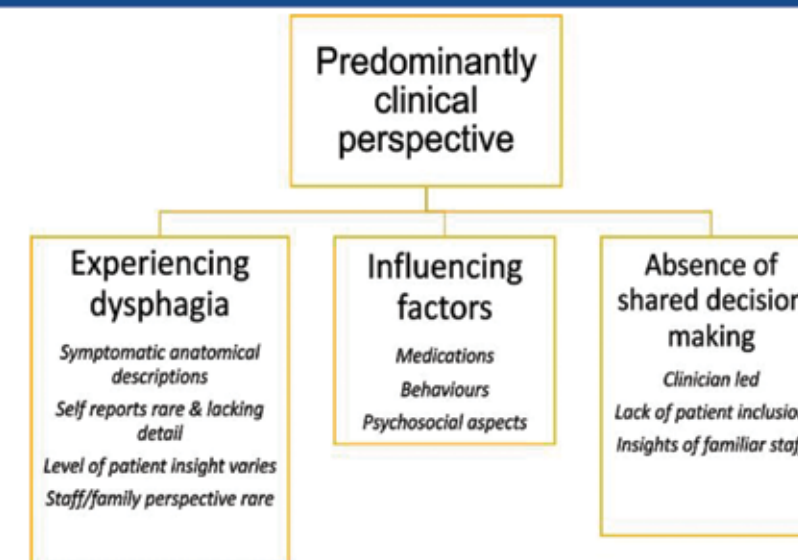
Aim: to appraise and to synthesise current evidence regarding mealtimes and/or dysphagia in adults with non-organic mental health conditions.



### Methods

This integrative review protocol was published on Prospero (Guthrie et al., 2019). Patient workgroups were involved in selecting and prioritizing concepts, refining search terms and confirming relevance of inclusion/exclusion criteria. They also commented on the themes. Search strategies followed PRISMA guidance in a systematic search of five databases.

## Results: Thematic Analysis, Themes and Sub-Themes



31 eligible studies were identified. There was scant detail regarding personal experience of mealtime difficulties. No studies evaluated decision making, interventions or outcome measures.

The 17 case studies presented a weak level of evidence. 10 cross-sectional studies and 4 literature reviews focused on biomedical aspects of dysphagia and choking.

### Conclusions

Despite the intention for services to move to co-production the patient voice in this population is rarely described regarding dysphagia. Patient inclusion leads to informed assessment and treatment, supports shared decision making and appropriate outcome measures, and ensures approaches are sustainable. Understanding the patient's perspective allows treatment and care to perceive more than the pathophysiological measures and to respond to the psycho-social sequelae of dysphagia. There remains a need for further research into the impact of dysphagia and choking on the person with mental illness, the indirect effect on others, and the implications for intervention and outcome measures.

#### Link to protocol:

Guthrie et al., 2019 [https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=130630](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=130630).

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**NHS**  
Leeds and York Partnership  
NHS Foundation Trust



# Hello my name is...

## Anna Taylor

I have just started as an Academic Clinical Fellow with LYPFT. I went to medical school in Bristol, which was where I first started my involvement in and passion for research. I then worked in Lancashire for three years – my two-year foundation programme followed by a year as a clinical teaching fellow. As part of this I completed a PGDip in Clinical Education.

Over the last eight years I have been involved in research in a variety of areas, including workforce wellbeing, mood disorders, self-harm and suicide, domestic violence, and medically unexplained symptoms. However, my interests have evolved during my clinical practice to focus predominantly on psychological medicine, and physical and mental health comorbidity.

I am currently leading a qualitative study exploring the psychological impact on patients who have had a pancreaticoduodenectomy for pancreatic and distal biliary duct cancers, which we hope will yield at least one publication. I am also contributing to a multicentre mixed-methods study focusing on junior doctor psychological distress, and to a



multi-centre qualitative study exploring the experience of patients with Long Covid. My long-term research plan is to focus on the psychological wellbeing and outcomes of patients with cancer.

Outside of work I enjoy reading, cooking and hiking. Before COVID I also enjoyed ceramics classes, the theatre, and travelling as much as possible. I tweet at @Anna\_K\_Taylor.

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## Eleni Tsappis

I am a Research Assistant in LYPFT's Child Oriented Mental health Intervention Centre (COMIC) team supporting a systematic review which looks at routinely used interventions for improving attachment in infants and young children. I completed my BSc in Psychology and MSc in Health Psychology.

I have a strong interest in child mental health. Before joining the COMIC team I worked in a Mental Health Hospital; working on an adult rehabilitation ward and a Dementia ward.

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# Hello my name is...

## Emma Standley

I work on the ASSSIST2 project with the Trust's Child Orientated Mental Health Intervention Centre (COMIC) team, which involves researching the effectiveness of Social Stories as an intervention for children with an autism diagnosis.

I studied at the University of York for four years; completing a degree in BSc Psychology and a Masters degree in Development, Disorders and Clinical Practice. During this time I conducted research on academic resilience in primary schools and studied assessments and interventions for children with disabilities and additional needs.

I previously worked as a Research Assistant in Psychology at the University of York for a year investigating joint attention and social interaction within mother-infant relationships. I also worked at The Snappy Trust for two years, which involved supporting young children and adults with disabilities and promoting social and emotional skills through play.

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## Leah Attwell

I recently joined the Trust as a Research Assistant working with the fantastic Child Oriented Mental health Intervention team (COMIC) on their Social Stories project in schools.

I graduated from the University of Plymouth in 2018 and have always been hugely interested in applied psychological research. I have been involved in various projects investigating: racial bias, moral reasoning, moral action via virtual reality, moral psychology in sex and relationships education, and moral psychology in bystander intervention. I have volunteered as a drop-in advisor working with young people seeking support with various needs including mental health, homelessness, substance misuse, sexual health, etc.

My time working as a program coordinator for a summer camp with children with developmental disabilities is what led me to LYPFT. We worked in an inclusive and active setting in which children were supported to engage in recreational activities with neurotypical children. This setting was amazing at enabling the



development of social, emotional, and physical skills for children with various and often complex needs. I was very driven to use applied research to strengthen our programming and to best-support the families we worked with. This passion brought me to the COMIC team and I am so thrilled to be joining such an innovative and dedicated group, delivering high impact and high quality research!

**Leah Attwell**  
[leah.attwell@nhs.net](mailto:leah.attwell@nhs.net)

# Hello my name is...

# National Institute for Health Research (NIHR) funding opportunities

## Sarah Parkinson

I joined the Trust's Child Oriented Mental Health Intervention Centre (COMIC) research team as a Research Assistant in October 2020. I am currently working on the Alleviating Specific Phobias Experienced by Children (ASPECT) trial. My passion for working in this field stemmed from my time working as an Special Educational Needs (SEN) Teaching Assistant, where I gained over six years' experience working with children and young adults with a variety of additional needs. I then went on to achieve a BSc in Psychology and I'm currently awaiting confirmation of completion of my MSc by research. The MSc aimed to analyse the effects of a community based physical, cognitive and social intervention (combined) on quality of life for people with dementia and their carers.

I spent around two and a half years living and working in Australia, New Zealand and South East Asia; I love any



opportunity to visit new places (when able) and to learn about their history, cultural differences and way of life. Among friends I am known to love a 'bad' joke – so if you have one it will always be welcomed!

**Sarah Parkinson**  
[sarah.parkinson19@nhs.net](mailto:sarah.parkinson19@nhs.net)

## Hayley Carrick

I recently joined the Trust's Child Orientated Mental Health Intervention Centre (COMIC) Team as a Research Assistant.

I completed my BSc in Psychology at Newcastle University. Following my graduation in 2019, I then decided to undertake an MSc in Clinical Cognitive Neuroscience at Sheffield Hallam University, which involved studying the brain-behaviour relationship within the context of neurodegenerative diseases, neurodevelopmental disorders and traumatic brain injury. As part of my masters, I conducted a research project investigating the effects of subclinical autistic traits and sensory sensitivity on atypical eating behaviours amongst adults.

Alongside my studies, I worked as a mental health support worker on a range of inpatient wards across the Sheffield Health and Social Care NHS Foundation Trust,

which I thoroughly enjoyed. Whilst in this role, I gained experience working with adults with various mental health disorders, learning difficulties, substance abuse and dementia. It was through this work that I became passionate about applying psychological research to best support these patient populations.

Additionally, I have previously volunteered as a research assistant with the Parents and Communities Together (PACT) team at King's College London. During this time, I was involved in a research project which assessed the effects of community support on the mental health of new mothers.

I am really looking forward to working with the COMIC team and am grateful for the warm welcome I have received.

**Hayley Carrick**  
[hayley.carrick@nhs.net](mailto:hayley.carrick@nhs.net)

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/](http://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)	Researcher-led & commissioned (Stage 1) – 04 Feb, 1pm
	Evidence synthesis: Researcher-led (Stage 2) – 04 Feb, 1pm
HTA Commissioned Calls	Commissioned (Stage 1) 31 Mar, 1pm
Public Health Research (PHR) Programme	Commissioned & researcher-led (Stage 1) – 30 Mar, 1pm
Research for Patient Benefit (RfPB)	Competition 44 – 10 Mar, 1pm

### Funding streams:

Efficacy and Mechanism Evaluation (EME): Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.

- **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.
- **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.
- **Invention for innovation (i4i)**: Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.
- **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.
- **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.
- **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/)



**National Institute for Health Research**



# Contact us R&D

Innovation is a newsletter for sharing and learning about research. This includes information about projects being carried out in your area. As such we welcome any articles or suggestions for future editions.

## For more information please contact:

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## SAVE THE DATE: CAMHS Research Networking Conference 2021

**Date:** Friday 5 February, 09.30am - 5.00pm

**Venue:** Online

Leeds and York Partnership NHS Foundation Trust's COMIC (Child Oriented Mental health Intervention Centre) and ndcamhs (National Deaf Child and Adolescent Mental Health Service) presents an online international conference.

This is an international conference aiming to share research, knowledge and expertise on Autism Spectrum Disorder in deaf children and young people.

Book your tickets here: [www.eventbrite.co.uk/e/autism-in-deaf-children-and-young-people-tickets-133220862185](https://www.eventbrite.co.uk/e/autism-in-deaf-children-and-young-people-tickets-133220862185)

