NHS
Leeds and York Partnership
NHS Foundation Trust

R & D

Innovation

Research and Development Newsletter

www.leedsandyorkpft.nhs.uk/research

April 2021 Issue 43

Contents

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

Editorial issue 43 Innovation

Amelia Taylor's, LYPFT Research Assistant, photograph was put alongside Anna Taylor's, Academic Clinical Fellow, biography. We apologise to Anna and Amelia. The editorial says it is the 40th edition. This should read 42nd.

I am delighted to announce that Sarah Cooper will take up her role as the new Head of R&D in the Trust from 4 May. Many thanks to Sinead Audsley for acting up in April, after I leave. I would also like to welcome Daniel Romeu and Sonia Saraiva who introduce themselves in this edition, having taken up posts as Academic Clinical Fellow and Research Fellow respectively.

A special 'thank you' from the R&D team to Dr Kouser Shaik features in this edition, to acknowledge all Dr Shaikh's contributions to research in LYPFT.

The completed projects covered this time are:

- Complete smokefree policies in mental health inpatient settings
- RADAR end of trial results
- Care-coordinators' perceptions of family growth following psychosis
- Sleep disorders in ADHD and autism spectrum disorder
- The RESPECT study a trial of a sexual health promotion intervention for people with SMI in community
- Therapeutic Relationships within Inpatient CAMHS

Additionally we have a summary of the proceedings at the successful global autism in deaf children and young people conference, hosted by the Trust's COMIC team. The final results of the DIADS study were presented, alongside other research from a range of international collaborators. You will also find research training and funding information.

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

Alison Thompson,
Head of Research and Development,
research.lypft@nhs.net or **0113 85 52360**

Completed Project

RADAR end of trial results

It has been more than four years since the first participant joined the RADAR (Reducing pathology in Alzheimer's disease through Angiotensin TaRgeting) trial and it is now complete.

The study team would like to thank each and every one of you who took part in RADAR. Without your generosity this would not have been possible.

As it's been a while since RADAR took place in LYPFT, we have set out below a reminder of what we wanted to achieve.

What was RADAR?

RADAR aimed to investigate whether a commonly used drug, Losartan, which is normally used to treat people with high blood pressure, could help reduce the progression of Alzheimer's disease by slowing down the effects of various chemical pathways on brain tissue. Previous research indicated that Losartan might be helpful in this way, but this research study was needed to test if this was true.

Because it was unknown whether the drug would help reduce damage to brain tissue, participants were randomly allocated into two groups, giving one group Losartan and the other group a placebo. The placebo was a 'dummy' treatment that looked like the genuine medicine but contained no active ingredient. Both groups of people received the same medical assessments irrespective of which group they had been allocated to. Using Magnetic Resonance Imaging (MRI), detailed images of participants' brains were taken at the beginning and end of the study to help us to assess the effects of Losartan.

Where was RADAR open?

RADAR opened in 23 different centres across England, Scotland and Northern Ireland. These are shown on this map.

Who took part?

A total of 211 participants and 211 study companions took part. Of the 211 participants 127 were men and 84 were women.

Participant Age

The average age when starting RADAR was 72. Everyone completed at least part of the trial and 197 participants completed the entire trial. All data collected was used, including that from participants who had stopped the trial early, if they had given permission for us to use it.

Placebo or Losartan

Half of the participants were given the placebo and half were given the active drug. Participants had a one in two (or 50:50) chance of being in the group that received the active drug. Participants took the study drug for a year.

Research bloods

Some participants agreed to provide additional blood samples for future Alzheimer's disease research. This research has not yet taken place and will be undertaken by the Dementia Research Group at the University of Bristol that is also headed by Professor Pat Kehoe.

Results

The data from the group of participants who had taken Losartan was compared with the group of participants who had taken the placebo. The images of people's brains allowed the study team to measure the change in the amount of brain tissue. The questionnaires that participants completed allowed the study team to measure the changes in cognition.

Unfortunately taking the drug losartan for 12 months did not slow down the progression of Alzheimer's Disease:

- The changes in brain tissue between the two groups was no greater than chance
- The changes in cognition between the two groups was no greater than chance

What was found out?

Whilst this is disappointing, valuable things were found out from RADAR.

- Losartan had not been given in this way before and we know that it is safe to give to people who do not have high blood pressure
- Participants were able to take the drug they had been prescribed
- Participants were happy to remain on the trial and very few left the trial early
- The trial was well designed and the results are reliable.

Possible explanations

This is the first trial to formally test the effect of this particular drug on the progression of Alzheimer's Disease. Future trials may look at the following:

- It is possible that the drug was not taken for long enough
- It is possible that the drug was started too late to be of benefit and taking the drug earlier may have an effect
- It is possible that the drug does not work against Alzheimer's Disease in the way that we hoped.

Future studies will be able to build on the valuable information that RADAR has found.

Professor Pat Kehoe,
Chief Investigator of RADAR.

Completed Project

Complete smoke free policies in mental health inpatient settings

These are the results of a longitudinal survey in England, investigating changes in patients' smoking behaviour, tobacco dependence and motivation to stop smoking following a 'smoke free' mental health inpatient stay.

Introduction

In line with national guidance, mental health Trusts in England are implementing complete smoke free policies. We investigated inpatients' changes in smoking behaviour, tobacco dependence, vaping and motivation to stop smoking between pre-admission and post-discharge.

Methods

We surveyed acute adult mental health inpatients from 14 wards in three mental health Trusts in England in 2019. Structured face-to-face and telephone interviews with patients who smoked on or during admission were conducted during the admission period and at one week and one month after discharge. Data on smoking status; daily cigarette consumption; Heaviness of Smoking Index (HSI); Strength of Urges to Smoke (SUTS); Motivation to Stop Smoking (MTSS) and vaping were collected and analysed using regression and probit models.

Results

Inpatient smoking prevalence was 51.9%, and a total of 152 of all 555 eligible smokers (27%) were recruited. Attrition was high: 49.3% at the first, and 50.7% at the second follow-up interview. Changes in self-reported smoking status, motivation to quit and vaping did not change significantly over the study period. Cigarette consumption ($p<0.001$) and Heaviness of Smoking Index ($p<0.001$) modestly reduced. Frequency and strength of urges to smoke ($p=0.011$ and 0.012, respectively) decreased modestly after discharge but were scored as high by 57% and 60% of participants during admission respectively. Just over half (56%) reported being offered smoking cessation support on admission.

Conclusions

This study identified very modest changes in smoking-related outcomes during and after admission and indicates major challenges to smoke free policy implementation, including limited support for patients who smoke.

Elena Ratschen, University of York
elena.ratschen@york.ac.uk

Other researchers

Tom Ainscough, University of Leeds; Alex Mitchell and Catherine Hewitt, University of York; Michelle Horspool and Pete Stewart, Sheffield Health and Social Care NHS Foundation Trust; Suzy Ker and Lesley Colley, Tees, Esk and Wear Valleys Foundation NHS Trust; Claire Paul, LYPFT; Phil Hough and Simon Hough, Vale Royal Relative Support Group; and John Britton, University of Nottingham.

Completed Project

Care-coordinators' perceptions of family growth following psychosis

Growth associated with a first episode of psychosis (FEP) is taken from post-traumatic growth literature, where positive changes are perceived following adverse circumstances. FEP is a critical period in which care-coordinators play a key role in working with families in early intervention for psychosis.

Care-coordinators' perceptions influence the way in which they work with families. There is currently a distinct lack of research into care-coordinators' perceptions of family growth associated with FEP. Eleven care-coordinators described their perceptions of growth within families with FEP through semi-structured interviews. Transcripts were analysed using social constructivist grounded theory.

Care-coordinators perceived the existence of family growth in the form of enhanced communication as well as less explicit forms of growth including distancing from unhelpful relationships and a re-establishment of norms and boundaries. Growth was inhibited by the construct of the "perfect family" model, mistrust in services due to suspiciousness or prior negative experiences of services. These inhibitors limit engagement with interventions and prevent open exploration of difficulties. Future work may consider how these findings align with the views of families.

Emily Thornhill, University of Hull,
E.Thornhill-2017@hull.ac.uk

Supervised by
Dr Chris Sanderson, Humber Teaching NHS Foundation Trust and Dr Anjula Gupta, LYPFT

UNIVERSITY OF HULL

Completed Project

Sleep disorders in ADHD and ASD

This study looked at sleep disorders in attention-deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD): a pragmatic approach to assessment and management.

Summary

Sleep is essential for survival and humans spend approximately one-third of their life asleep. Adequate sleep is needed to maintain both physical and psychological health. Routinely getting less than the recommended amount of sleep for your age can have profound negative effects on health, such as increasing the likeliness of psychiatric illness, diabetes, cardiovascular disease and stroke. In children and adults with neurodevelopmental disorders, the prevalence of sleep disorders is significantly higher than in the general population. Given the relationship between sleep and psychiatric disorders, it is essential that psychiatrists have knowledge of the principles of sleep medicine. In this article, we focus on the common sleep disorders found in those with attention-deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) and give an overview of screening, diagnosis and management.

Learning objectives

After reading this article you will be able to:

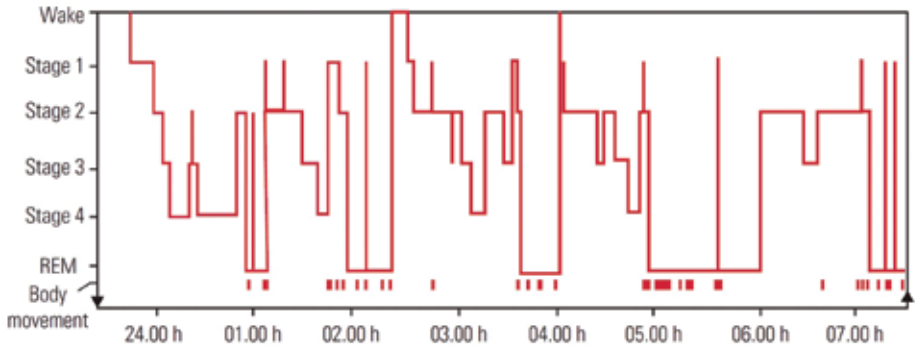
- recognise the common coexisting sleep disorders in individuals with ASD and ADHD
- develop a working knowledge of sleep disorders that may be encountered in psychiatric practice (with particular focus on individuals with ADHD and ASD)
- demonstrate a broad understanding of how sleep disorders are investigated and treated in children, adolescents and adults with ADHD and ASD.

Full article can be found here:
http://dx.doi.org/10.1192/bja.2020.65

Paul J. Shanahan, Your Healthcare (CIC),
p.j.shanahan@surrey.ac.uk

Other researchers
Miriam Isaac, National Deaf CAMHS and Jane Blackwell, LYPFT.

Fig 1: Progression of sleep states across a single night in a young adult



Completed Project

Therapeutic Relationships within Inpatient CAMHS

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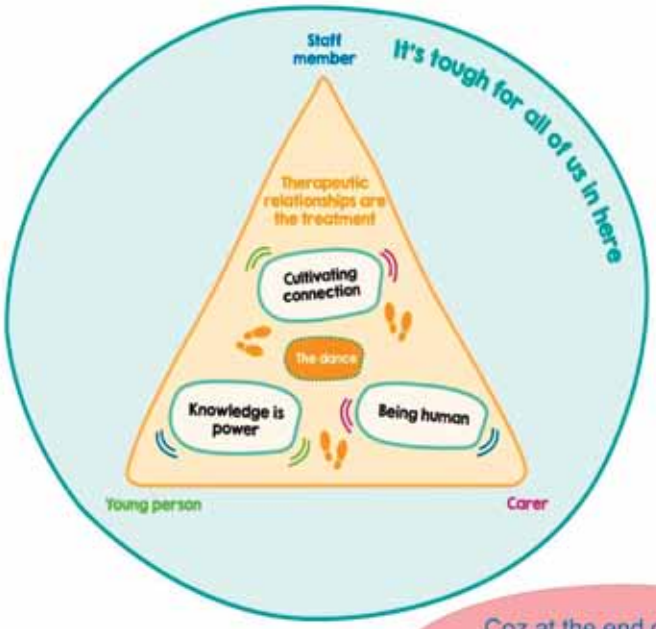
Therapeutic Relationships in CAMHS

We wanted to find out how young people, family members and nursing staff experience therapeutic relationships within inpatient CAMHS.

A fantastic 24 people agreed to be interviewed about their experiences and ideas, including 8 staff members, 8 carers and 8 young people. We have now analysed our findings and found common themes amongst what people told us.



Participants told us that **Therapeutic relationships are the treatment** - they don't just assist with other forms of support. They have massive impacts on outcomes and face unique challenges. The staff member, young person and carer are in a triangle, working together to connect and support. To form a relationship, everyone needs to find a way to **cultivate connection**; staff have a particular role in that. Understanding, and sharing **knowledge** is key; communicating well with one another. Young people, family members and staff are all human beings, with their own histories, needs and skills. Staff have to balance **being human** with being professional because both are essential. The relationship is not static and those involved shift, move and flex to the circumstances – **the dance** is fluid over space and time. Wards are a hard place to be for everyone and make it difficult to do this work; **it's tough for all of us in here.**

NHS Pennine Care NHS Foundation Trust

MANCHESTER 1824 The University of Manchester

Coz at the end of the day it's the relationship between the patient and nurse that really matters (YP)

You might say well that's [communication] overkill but actually this is our child, so nothing is overkill (Carer)

You find something that they are interested in, sit down, chat, find out how they like their tea, take it to them, you smile…you know, just sort of find a way…you can find a chink in anybody, I think....it's the little things. (Staff)

They see you as normal people- they can sort of switch off and sit and have a conversation with you it's…sort of enforcing that idea that you're not just a mental patient on a mental ward. You're a person (YP)

There's never too long without some sort of kerfuffle (YP)

Therapeutic Relationships within Inpatient units: Carers, Adolescents and Nursing staff (TRI-CAN) IRAS ID: 246547

We are using these findings to develop a support package for staff to help therapeutic relationships. We have already shared your ideas with NHS England (who fund and manage inpatient services) so they can be used to train staff. The full findings have been submitted for publication in an academic journal – please ask us if you would like a copy or have any ideas, questions or reflections.

We are so grateful for everyone who took the time to share their story – this is already making an impact. You won't hear from us again unless you get in touch: Email **TRIC_study@manchester.ac.uk** or follow us on Twitter **@StudyTric**

Completed Project

The RESPECT study: a trial of a sexual health promotion intervention for people with SMI

Background

People with serious mental illness (SMI) have sexual health needs but there is little evidence to inform effective interventions to address them. In fact, there are few studies that have addressed this topic for people with SMI outside USA and Brazil. Therefore, the aim of the study was to establish the acceptability and feasibility of a trial of a sexual health promotion intervention for people with SMI in the UK.

Method

The RESPECT study was a two-armed randomised controlled, open feasibility trial (RCT) comparing a sexual health promotion intervention (three individual sessions of 1 hour each) (I) or treatment as usual (TAU) for adults aged 18 or over, with SMI, within community mental health services in four UK cities. The main outcome of interest was the percentage of people who consented to participate, and were retained in each arm of the trial, retention for the intervention, and completeness of data collection. A nested qualitative study obtained the views of participants regarding the acceptability of the study using individual telephone interviews conducted by lived experience researchers.

Results

Of a target sample of 100, a total of 72 people (26 recruited in LYPFT) were enrolled in the trial over 12 months. Recruitment in the initial months was low and so an extension was granted. However this extension meant that the later recruited participants would only be followed up to the three month point. There was good retention in the intervention and the study as a whole; 77.8% of those allocated to intervention (n = 28) received it. At three months, 81.9% (30 I; 29 TAU) and at 6 months, 76.3% (13 I and 16 TAU) completed the follow-up data collection. No adverse events were reported. There was good completeness of the data. The sexual health outcomes for the intervention group changed in favour of the intervention. Based on analysis of the qualitative interviews, the methods of recruitment, the quality of the participant information, the data collection, and the intervention were deemed to be acceptable to the participants (n = 22).

Conclusions

The target of 100 participants was not achieved within the study's timescale. However, effective strategies were identified that improved recruitment in the final few months. Retention rates and completeness of data in both groups indicate that it is acceptable and feasible to undertake a study promoting sexual health for people with SMI. A fully powered RCT is required to establish effectiveness of the intervention in adoption of safer sex.

Elizabeth Hughes, University of Leeds,
E.C.Hughes@leeds.ac.uk

Other researchers

Natasha Mitchell, Samantha Gascoyne, Thirimon Moe-Byrne, Elizabeth Coleman, Shehzad Ali, Catherine Hewitt and Judith Watson, University of York; Amanda Edmondson, University of Huddersfield; Lottie Millett, Sonia Johnson and Catherine Mercer, University College London; Francine Cournos, Karen McKinnon and Milton Wainberg, Columbia University; Ceri Dare, Harminder Dosanjh Kaur and Charlotte Walker, Experts by experience; Fiona Nolan, University of Essex.

Completed Project

Autism in deaf children and young people conference 2021

On 5th February 2021, the Trust's Child Oriented Mental Health Intervention Centre (COMIC) held its first online conference to share international research, knowledge and expertise on autism spectrum disorder (ASD) in deaf children and young people. It proved a huge success with 294 people attending from around the world from a range of fields.

Helen Phillips and Professor Barry Wright hosted, introducing the team of interpreters as accessibility for all participants was vital. British Sign Language, American Sign Language and International Sign Language interpreters as well as live captioning were available throughout.

A number of speakers from across the globe presented

Professor Alys Young, University of Manchester: Qualitative research into parent's observations of the interactions between deafness and autism. Working alongside parents of deaf children with autism, identifying how a parent not just experiences but conceptualises the interaction of autism and deafness in their child, as an important basis for individually tailored support and jointly developed goals and support strategies.

Helen Phillips and Professor Barry Wright: Diagnostic Instruments for Autism in Deaf Children's Study (DIADS) funded by the Medical Research Council. Three autism assessment tools (ADOS-2, ADI-R and SRS-2) adapted to be used with deaf children. Validated with a sample of 295 children and young people across England, the first study of its kind to adapt and validate such tools.

Kristin Holseth, Norwegian National Unit for Hearing Impairment and Mental Health: Overview of the assessment of deaf and hard hearing children with possible ASD in Norway.

Dr Debbie Mood and Dr Angela Bonino, University of Colorado: An exclusive look at their research into the co-occurrence of autism and hearing loss and a study that tried to ascertain the prevalence of both together.

Dr Aaron Shield, Miami University: Sign language development in deaf children with autism. Aaron highlighted the need for better instruments identifying ASD in deaf children and the great need for more deaf clinicians who can apply their intuitions about deaf children.

Dr. Christine Yoshinaga-Itano, University of Colorado: Early diagnosis, treatment, and the use of Language Environment Analysis (LENA) autism screening for deaf or hard of hearing children.

Dr Terrell Clark, Dr Ronald Becker and Nicole Salamy, Boston Children's Hospital: Interdisciplinary assessment in the diagnosis of ASD in deaf and hard of hearing children - an overview of the obstacles they overcame to deliver successful assessments online since the Covid19 pandemic.

After the hosts thanked all involved in putting the conference together, they reflected on the significant need for family support; improving assessments for deaf children and the importance of making sure that every deaf child who needs it, has access to sign language. More deaf clinicians now work with deaf children; this is a trend that needs to be accelerated around the world. Deaf and hearing clinicians working together could bring greater benefits to children and their families.

Feedback reinforced how accessible the conference was with multiple interpreters and plenty of time for Q&A sessions after each speaker. For more information about DIADS and conference presentations, please visit the website **www.comic.org.uk/research/diagnostic-instruments-for-autism-in-deaf-children**

Helen Phillips, LYPFT
helenphillips4@nhs.net

Completed Project

Dr Shaik's support in NIHR portfolio research

In the Trust's Research and Development (R&D) department it is key to our success to recruit participants to research studies. In order to do this the department has a research strategy and part of that strategy is to forge strong relationships with the services that the Trust provides.

The team have been successful in making good contacts throughout the years but few of those are stronger than the link between the department and Dr Kouser Shaik, General adult consultant psychiatrist. Kouser has been instrumental in helping participants take part in NIHR (National Institute of Health Research) portfolio research.

To acknowledge Dr Shaik's support the team nominated Dr Shaik for a Trust Star Award, when this was unsuccessful the team thought about other ways to celebrate this support and, in these trying times, created a short video of the team saying thank you: **https://bit.ly/3qpX00X**

In response to the thanks of support Dr Shaik said:

"LYPFT has been proactive in generating research proposals and attracting completely novice clinicians like me to lead the research projects. It has been incredibly rewarding to work with our R&D team in LYPFT as the team know what they are doing and support the clinicians every step of the way. They not only support us but encourage us and reward us after any achievement.

I would encourage every clinician to consider taking part in any research project however small it is, as I know they will be well supported by the R&D team at LYPFT."

If you are a clinician interested in helping service users to access research you can find a list of active NIHR studies on the Trust's website: **www.leedsandyorkpft.nhs.uk/research/how-to-get-involved/**

Research team, LYPFT
research.lypft@nhs.net

Hello my name is...

Daniel Romeu

In February 2021 I started my Academic Clinical Fellowship with LYPFT. This allows me to incorporate allocated research time into my clinical work, with a view to apply for a PhD fellowship between Core and Higher Psychiatry training.

I studied medicine at the University of Cambridge including psychology and neuroscience. I then moved to Yorkshire to complete the Academic Foundation Programme in Bradford and Leeds. My four-month research attachment was under the supervision of Professor Else Guthrie, and during this time I published a systematic review of online resources for individuals who self-harm and those involved in their care. I contributed to Work Package 1 of the NIHR-funded FReSH START project and completed a Postgraduate Certificate in Health Research at the University of Leeds.

My clinical and research interests reside in liaison psychiatry, specifically self-harm, suicide and medically unexplained symptoms. I am also passionate about sustainability in healthcare and the impact of climate change on mental health.

Currently my research activity includes the evaluation of liaison psychiatry services as part of the NIHR-funded study, LP-MAESTRO and contributions to two systematic reviews, looking at the prevalence of medically unexplained symptoms and common mental illnesses in frequently attending and high-cost patients. I strive to use my Fellowship to develop a PhD project and to lay the foundations for a career in academic psychiatry.

I am thrilled to be joining the inspiring academic community in Leeds and look forward to developing my skills and knowledge in this supportive and innovative environment.

Daniel Romeu, LYPFT
d.romeu@nhs.net

Sonia Saraiva

I started as a Research Fellow with LYPFT in October 2020.

I went to medical school in Brazil, where I worked first as a psychiatrist then as a mental health manager for ten years. Meanwhile I completed a PhD in Spain. My thesis reported on a longitudinal retrospective study of the effects of a collaborative mental health care intervention implemented in a public health system in Brazil for which I was responsible.

Five years ago I moved to the UK, became a mum of two and started working in research. I contributed to studies that evaluated liaison psychiatry services in England and online self-harm content and suicide.

Currently I am working with the Trust's clinical leads for research to increase our research funding applications.

Outside of work I enjoy reading, live music, movies and travelling.

I am happy to be part of the NHS.

Sonia Saraiva, LYPFT
sonia.saraiva1@nhs.net

Courses and Workshops

NIHR Public Health Research Programme Workshop

Wednesday, 28 April 2021: from 09:30-13:30

Online

A free to attend, half-day session, hosted by NIHR Research Design Service (RDS) South Central on behalf of the RDS National Public Health Community, to inform researchers and public health practitioners about the NIHR Public Health Research (PHR) Programme.

What will the event cover?

- The NIHR PHR Programme and how it relates to the broader public health research landscape
- Engaging with local authorities and public health practitioners
- The panel's perspective: the funding pathway and what makes a successful PHR application
- Preparing for a PHR application
- Patient and Public Involvement (PPI) for public health
- Other NIHR funding to support the PHR Programme and public health
- Support for PHR applications

Who should attend

This event is open to UK-based researchers and practitioners with an interest in the evaluation of public health interventions to improve the health of the public or reduce inequalities. We are especially keen to attract those who are considering applying for PHR funding in the 12 months following this event.

For more information and to register please visit: **https://nihr-public-health-research-programme-event-2021.eventbrite.co.uk**

The Nottingham Systematic Review Course

Tuesday 22-25 June 2021: From 09:00-17:00

University of Nottingham, University Park Campus, Nottingham NG7 2RD

The Nottingham Systematic Review Course is aimed at enabling participants to become proficient in developing and undertaking a Cochrane-style systematic review of interventions. The course utilises a combination of lectures, small group discussions, workshops, library-based interactive tutorials, with hands on practical work at computer stations using RevMan and Endnote software.

What will you learn?

- To Identify and Clarify your Review Questions,
- To Understand and Develop Search Strategies and Manage the Results of Systematic Searches.
- To Extract Data and Assess the Risk of Bias of Included Studies.
- To Understand and carry out the Syntheses of Data Extracted,
- To Apply the Methodology and Conduct Reviews Independently.

Course Fee

Early bird rte is £805 (closes 31 March 2020) or standard booking is £895. The course fee includes all learning materials, refreshments and a daily hot lunch.

For more information and details of how to book please visit: **www.nottingham.ac.uk/research/groups/cebhs/nottingham-systematic-review-course/index.aspx**

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
HTA Commissioned Calls	Commissioned (Stage 1) 5 May, 1pm
HS&DR Researcher-led	Standard (Stage 1) 3 June, 1pm
	Evidence Synthesis (Stage 2) 3 June, 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/researchers/funding-opportunities

NHS
National Institute for Health Research

R & D

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:

Zara Brining

Research Governance Administrator / PA
Leeds and York Partnership NHS Foundation Trust
Main House
St Mary's House
St Mary's Road
Leeds
LS7 3JX

@LYPFTResearch
T: 0113 85 52387
E: zara.brining@nhs.net

Alison Thompson

Head of Research and Development
Leeds and York Partnership NHS Foundation Trust
Main House
St Mary's House
St Mary's Road
Leeds
LS7 3JX

T: 0113 85 52360
E: research.lypft@nhs.net

Research Participants INVITED

Study purpose

There is a strong link between low levels of physical activity and high levels of physical and mental health difficulties for adults who have a learning disability (Public Health England, 2016). A greater understanding of how adults with learning disabilities participate in physical activity and what makes it enjoyable could help us to increase participation and address some of these challenges.

We would like to invite people who have experience as an Occupational Therapist or those who have worked in a paid caregiver role (e.g. support worker) to take part in an interview to share your experiences of supporting adults with learning disabilities take part in physical activities. Adults with mild to moderate learning disabilities will also be invited to take part. We will use this information to develop an education pack that outlines ways to support adults with learning disabilities take part in physical activity across different support environments.

Inclusion Criteria

You must be 18+ to take part in this study and have supported adults who have a learning disability in a supported living or day service environment.

What will happen to me if I decide to take part?

Interviews will take place online (e.g. zoom) and will last around 40 minutes.

If you would like more information or would like to see a copy of the participant information sheet please contact the lead researcher at **rhaythorne@nhs.net** or **rh1631@york.ac.uk**