



Innovation

Research and Development Newsletter



page 10 Barriers and facilitators to participation in active recreation for people with LD

page 16 Farewell to Professor Barry Wright

page 18 Play and Fun in COMIC conference

03

Editorial

04

Does One Session Therapy work as well as multi-sessions CBT for phobia treatment in children and young people?

06

Reflective Practice Workshops for Core Psychiatry Trainees

08

Diabetes linked with greater emotional and social difficulties for people living with SMI (DAWN)

10

Barriers and facilitators to participation in active recreation for people with LD

13

OWLS

14

An experience of an Academic Clinical Fellow, Anna Taylor

16

Farewell to Professor Barry Wright

18

Play and Fun in COMIC conference

20

Early Intervention for parents of deaf infants - a systematic review

21

DIAMONDS study

22

Library training dates

23

NIHR funding deadlines

24

Research Forum



Editorial issue 45 Innovation

Welcome to the 45th edition of Innovation. In this edition, we say farewell to Professor Barry Wright as he prepares to retire. Barry has worn many hats in his time at Leeds and York NHS Foundation Trust but most notably (for me) he has been the Director of COMIC (Child Orientated Mental Health Intervention Centre). COMIC was set up by Barry in 2015 and focused on creating interventions specifically for children with mental health issues. Barry has written a piece for this edition outlining some of his recent work with COMIC. There are also other articles describing some of the work of COMIC. ASPECT is a study that explored the treatment of phobias in children and another article details a systematic review of early interventions for deaf parents led by COMIC. These articles give a flavour of the great contribution Barry and his team have made to research in child mental health. Barry has been an energetic force with a passion to make a difference for children.

Barry, we will miss you but we wish you all the best in your well-earned retirement! COMIC will live on and Dr Clare Fenton (LYPFT), alongside Professor Lina Gega from the University of York, will have joint Directorship of COMIC going forward.

This edition also includes an article from Anna Taylor – an Academic Clinical Fellow in the Trust – as she talks about her journey into research and the varied and interested projects she is currently supporting. We also have a report from Rebecca Haythorne, the Trust’s Clinical Academic Occupational Therapist. Rebecca talks about some of the work from her PhD which looks at barriers and facilitators to participation in active recreation for people with learning disabilities.

I would also like to use this opportunity to tell you more about the Research Forum that we are running this year on the 11th November. We are planning to deliver this

as a face-to-face meeting at theStudio, Leeds. It will be a day packed with talks from researchers on a range of topics, including Professor Rob Howard whose talk is entitled: ‘Five questions you should ask about any clinical trial’ and Professor Wendy Burn who will encourage psychiatrists to consider research as they develop their careers. The afternoon includes workshops on topics of patient and public involvement, optimising research delivery and considering research as part of your career development. These will be interactive sessions where participants are encouraged to ask questions! Of course, the benefit of a face-to-face event is having time to network and members of the R and D team will be available, if you want to pick their brains. We very much look forward to seeing you there!

To register, please visit:
<https://tinyurl.com/dxjhcrey>



Sarah Cooper,
Head of Research and Development,
sarah.cooper85@nhs.net



Does One Session Therapy work as well as multi-sessions CBT for phobia treatment in children and young people?

The National Institute for Health Research funded the COMIC team to carry out a randomised controlled trial comparing One Session Treatment for specific phobia in children and young people compared to multi-sessions CBT as usual. This was led by Professor Barry Wright and the COMIC team and run by the Leeds and York Partnership NHS Foundation Trust. It involved 26 centres across England including CAMHS teams alongside a few voluntary agencies and a university service, who were commissioned to provide child mental health services. These services were widely distributed including a large number in Yorkshire and Humber as well as services as far away as Exeter, Bournemouth and Norwich. Given up to 10% of children and young people have a specific phobia and this can be a lifelong condition, and also given that it is a very treatable condition, this is an important study that examines both the clinical effectiveness and the cost effectiveness of One Session Treatment (OST).

We included participants aged 7 – 16 and used a variety of outcome measures including a DSM5 diagnostic measure of phobia. The main outcome measure was the Behavioural Avoidance Task (BAT), which involves a real world ten step approach to the thing or situation that the person is phobic about. For example a person with a dog phobia would have to enter a room, approach and stroke a dog (with their handler) for 2 minutes on the other side of a room. A score of 0 would be not entering the room at all and a score of 10 would be given for stroking the dog for 2 minutes, with incremental steps in between. Standardised validated BATs were used

for the full range of phobias. We treated children and young people with phobias as diverse as dog, spider, buttons, paper, costume characters, needles, blood, storms and a range of others. We trained a large number of clinicians across the country to deliver One Session Treatment and provided a manual for CBT as usual and we tested the fidelity of both treatments by recording a random number of sessions and independently rating them for inclusion of key aspects of therapy.

In summary the study showed that OST is just as effective as multi-session CBT as usual. Children and clinicians found it acceptable and were engaged in it just as well and it was also found to be cost effective providing small cost savings compared to CBT as usual.

There were some interesting limitations including the study team having to cope with the impact of COVID on face to face sessions towards the end of the study. The team showed that a range of other questionnaires (not needing to be face to face) showed the same results as the face to face measures (concordant with the main finding). We also found that large reductions in funding to child mental health services and rearrangements to the delivery of CAMHS both by commissioners and providers meant that in many services children and young people with phobia were finding it difficult to access treatment. This resulted in us switching our recruitment strategies and increasing from the original planned 8 services to 26. The flexibility and the professionalism of the research team in delivering this was truly excellent.

The study was a collaboration between the Sheffield Clinical Trials Research Unit and COMIC (Child Oriented Mental Health Intervention Centre) research team (which is itself a collaboration between the Leeds & York Partnership NHS Foundation Trust, the Hull York Medical School and the Mental Health Addictions Research Group at the University of York. It also had invaluable input from researchers at the University of Manchester, Louisiana State University USA and a number of other NHS Trusts. The trial co-ordinators were Lucy Tindall from the COMIC team and Alex Scott from the Sheffield Trials Unit, who provided excellent management of the work.

Future research will be to find out whether OST is more suitable for certain sub-groups within the sample (for example children with vomit phobia seemed to respond better to OST) and also some important research to explore the implementation and accessibility of phobia treatment across the NHS, especially in challenging times of austerity and during a COVID19 pandemic. LYPFT has gained a huge amount of experience in running a large multi-centre trial and should be exceptionally proud of this important study and its findings.

Professor Barry Wright,
University of York.



Evidence of reflective practice is an essential component of medical development and training (General Medical Council, 2018a) and has been subject to recent guidance from the General Medical Council (GMC) (2018b) and Academy of Medical Royal Colleges (2018). There is also evidence of variation in the extent to which written reflections are documented by trainees on their e-portfolio (McNeill, Brown and Shaw, 2010). In addition there have been recent high profile cases which may have led to confusion about the role of written reflective practice (Bradshaw, 2018). Leeds and York Partnership NHS Foundation Trust's Medical Education Committee identified reflective practice as an area where trainees may have particular educational and training need. Consequently this service evaluation project was created. As part of the evaluation, various workshops were designed and delivered to psychiatric trainees to increase their awareness and confidence of reflective practice.

The workshop was developed by the authors using published guidance from Academy of Medical Royal Colleges and the General Medical Council. The workshop used clinical vignettes and 'model' examples to explore the use written reflections. One of the key messages of the workshop was that the process of reflective learning is a dynamic one and that written reflections need to be carried out after the process of reflection has been implemented in a different domain (for example via supervision, Balint group etc). The e-portfolio should contain evidence that this process has been completed rather an exhaustive account of the process or factual details. This idea brings written reflective work in line with other work place based assessment, which are completed alongside a supervisor and evidenced on the e-portfolio along with action points.

The workshop was delivered to doctors of various training grades over several sessions using pre-and post-workshop questionnaires. Participants (n=112) completed a pre-workshop questionnaire on reflective practice prior to engagement in the workshop. Immediately after the workshop participants (n=80) completed a workshop on the same topic.

Results of the pre-workshop questionnaire suggest that the majority of respondents found written reflections via the eportfolio to be helpful and were comfortable in using written reflection. Though anxieties surrounding litigation and of a persecutory nature were raised it appears that many of the respondents to our questionnaire did not experience these fears and it is possible that the effect of recent legal cases have not impacted on trainee's practice as much as was originally thought. It is also worth noting that many respondents reported to find reflective practice helpful in their development as psychiatry trainees; suggesting that, in psychiatric training at least, trainees are accepting of this method of learning.

Most trainees were carrying out the process of reflection and written reflections privately. This is both contrary to GMC guidance, which suggests that all reflections should be discussed with a supervisor. Not receiving feedback was identified by respondents as a limiting factor in the usefulness of written reflection and feedback has been suggested as a key component of reflective practice (Karnieli-Miller, 2020).

Creating a culture where reflective practice can be seen as a dynamic process between a trainee and supervisor may lead to the trainee finding the process more helpful in their development as well meeting regulatory guidance. The results from the workshop demonstrated that participants

could see the value in discussing their reflections with others and relatively few reported that they would use their reflections privately after the workshop. It was identified through discussions within the workshops that many supervisors may not have been trained in using reflective practice in this way and there is potential further work in educating supervisors in the benefits of engaging their trainees in reflective learning and taking an active role in helping trainees with written reflections.

Overall, this pilot workshop was received positively. We believe continuing to offer these workshops will be an essential aspect of reflective practice within medical education and training of all junior doctors. Medical Psychotherapy may be best placed to initiate this training due to the inherent aspects of reflection necessary within the speciality. Benefits of increased teaching and experiential workshops on the subject will hopefully be demonstrated by further research in this area.

References

- Academy of Medical Royal Colleges/ COPMeD (2018) Reflective practice toolkit. Available at: http://www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf.
- Bradshaw, P. (2018) What role did reflections play in the case of Dr Hadiza Bawa-Garba?, GP Online. Available at: <https://www.gponline.com/role-reflections-play-case-dr-hadiza-bawa-garba/article/1456505> (Accessed: 22 November 2020).
- General Medical Council (2018a) Outcomes for graduates. Available at: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates>.
- General Medical Council (2018b) The reflective practitioner - guidance for doctors and medical students. Available at: https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance_pdf-78479611.pdf.
- Karnieli-Miller, O. (2020) 'Reflective practice in the teaching of communication skills', Patient Education and Counseling, 103(10), pp. 2166–2172. doi: 10.1016/j.pec.2020.06.021.
- McNeill, H., Brown, J. M. and Shaw, N. J. (2010) 'First year specialist trainees' engagement with reflective practice in the e-portfolio', Advances in Health Sciences Education, 15(4), pp. 547–558. doi: 10.1007/s10459-009-9217-8.

Dr Vikram Luthra, LYPFT
vluthra@nhs.net

Other Researchers
Dr Mathew Harrison, Dr Mohammed Qadri and Dr Rebecca Lee, LYPFT.



Diabetes linked with greater emotional and social difficulties for people living with a severe mental illness

The DAWN-SMI study has revealed that living with diabetes takes a greater toll on emotional wellbeing and quality of life for people who are also living with a severe mental illness, such as schizophrenia or bipolar disorder.

Diabetes is serious condition, linked to complications including sight loss and heart disease, but it doesn't just affect someone physically. The relentless demands of living with and managing the long-term condition can be a challenge for anybody who has diabetes. But until now, very little was known about the experience of living with diabetes alongside severe mental illness.

We know that people with a severe mental illness are almost three times more likely to have diabetes and are more at risk of diabetes-related complications than other people with diabetes. On top of this, they're likely to have additional emotional and social difficulties, so it's important to understand the psychological impact their diabetes has. In 2015, members of our Diamonds VOICE service user group agreed that this was a priority for research, and so our journey began to seek funding for the study.

In 2016, Diabetes UK funded the DAWN-SMI study, led by Dr Najma Siddiqi and Dr Jo Taylor at the University of York. The study surveyed 258 people with both diabetes and severe mental illness living in England. They compared their responses to 500 people with diabetes who didn't have mental illness who had taken part in a large global study of diabetes and wellbeing, called DAWN2. They looked at their levels of diabetes distress, the impact that diabetes has on different aspects of their life, and the support they receive for managing diabetes. The results revealed that people with diabetes who were also living with severe mental illness have greater psychological distress and poorer health-related quality of life, compared to people with diabetes and no mental illness.

People with diabetes who were also living with severe mental illness were also more likely to report negative impacts from diabetes on their physical health (69% vs 59%), work or studies (43% vs 23%) and emotional wellbeing (58% vs 47%). The negative impact from their mental illness was greater still, and was reported by participants to impede their ability to manage their diabetes. Here one participant explains, "Due to my mental illness I struggle leaving the house alone which impacts on my ability to get enough physical activity". Levels of diabetes distress, which is distress associated with the fears and worries about diabetes that people experience on a regular basis, were also higher in people living with both conditions.

However, despite reporting more burden from their diabetes and needing more support for self-management, people with both conditions reported receiving less patient-centered diabetes care and less informal support from family and friends, and fewer people with both conditions reported receiving any diabetes education (63% vs 74%).

Study co-author Professor Richard Holt, University of Southampton, said:

"The DAWN2 study demonstrated the tremendous burden placed on people living with diabetes and their families. These new findings from DAWN-SMI now highlight the additional demands and challenges for those with both diabetes and a severe mental illness. Action is needed to ensure that these people are adequately supported to manage both conditions."



DAWN-SMI.

Diabetes Attitudes, Wishes and Needs for people with Severe Mental Illness.

This research helps us understand for the first time the true impact of diabetes for people who have a mental illness. These insights shine a light on the need for tailored diabetes care and are a vital first step to finding better ways to support these individuals. Further analysis of data collected from informal carers and healthcare staff who support people living with diabetes and severe mental illness is underway, and will be reported later in the year.

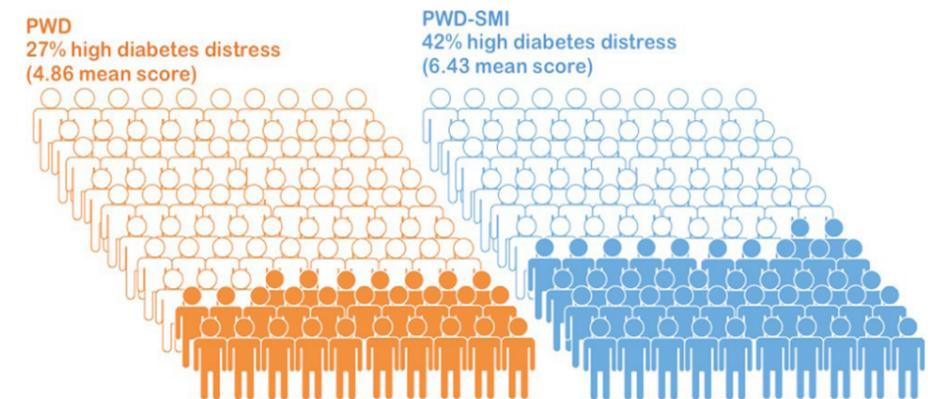
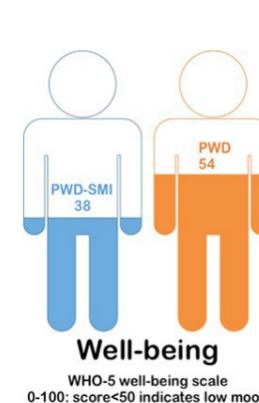
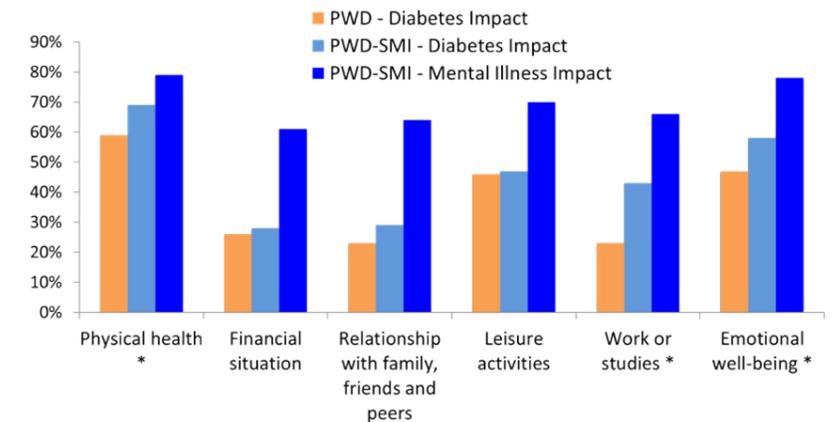
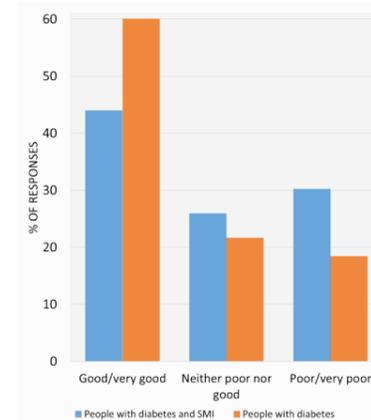
Featured in the Diamonds study newsletter Issue 09 found here: www.york.ac.uk/healthsciences/research/mental-health/projects/diamonds/diamonds-newsletters/

Jo Taylor, University of York
jo.taylor@york.ac.uk

Other researchers:

Jan Boehnke, Jennie Lister, Sally Brabyn, Richard Holt, Mark Peyrot, Heather Stuckey, Anne Phillips, Brendon Stubbs, Simon Gilbody, and study lead Najma Siddiqi.

How would you rate your quality of life?





Barriers and facilitators to participation in active recreation for people with LD

In the following article our Trusts Clinical Academic Occupational Therapist Rebecca Haythorne provides a brief overview of the first output from her PhD studies. Please contact Rebecca for any comments or queries.

Introduction

Approximately 1.5 million people with learning disabilities live in the UK (Office of National Statistics 2019). Physical and mental health problems are disproportionately high for this population (NHS Digital 2019). Active recreation has been noted as a key determinant of wellbeing and as a way to address ongoing health challenges (Public Health England 2018), by reducing both physical health disparities (Patience 2018) and mental illness vulnerability (Gravell 2012).

This review aimed to identify and summarise published studies that utilised and evaluated active recreational activities for people with learning disabilities. The review explores barriers to, and facilitators for, participation in active recreation by synthesising the findings of the included studies within two theoretical frameworks: the Model of Human Occupation (Kielhofner 2008) and the Socio Ecological Model (Boulton, Horne and Todd 2017)

Methods

Design

Arksey and O'Malley's (2005) scoping review framework was utilised in this review.

Identifying relevant studies

A systematic literature search was carried out through a broad range of healthcare databases. Search terms included words and synonyms under three domains: 1. learning disability, 2. engagement, 3. Recreation.

Research studies from 2001 onwards were included; research participants were people with learning disabilities. Under the term 'active recreation' activities were included that had an element of physical effort (e.g. sports) as long as it was done in the context

of leisure and fun. Research was excluded that did not implement active recreation and papers that did not specify whether people with learning disabilities were included.

Narrative synthesis of findings (charting)

RH and PK screened the retrieved literature records independently, first based on the pre-determined inclusion/exclusion criteria and second for charting the included papers, using the MOHO and SEM frameworks.

Findings

The initial database search identified a total of 1,032 records, which included peer reviewed research, literature reviews, conference proceedings and grey literature. 1,003 records were excluded after screening their titles and abstracts due to not meeting inclusion criteria. Full texts were retrieved for the 29 remaining papers; following review 19 papers were identified as meeting criteria. Findings are documented in Fig 1 and Fig 2.

Discussion

The purpose of this review was to explore what may hinder or enable participation in active recreation for people with learning disabilities using the MOHO and SEM frameworks.

Barriers

Many articles identified that relationship and interpersonal factors potentially hindered participation in active recreation. This included: low carer morale, poor communication among paid carers and between paid carers and clients, neglectful attitudes and inconsistent care.

An important finding from the review included the influential nature of caregiver/coach input and prior knowledge needed to support those who have a learning disability participate in active recreation. In particular, prior knowledge of participants' functional

ability, and carer/coach ability to adapt the activity accordingly to enable participation, could either enable or hinder participation.

A foundational determinant to activity participation was found in environmental and community barriers which hindered access and participation in active recreation. This included: location accessibility; transport issues and lack of adaptive equipment.

Facilitators

The general consensus from this review is that consideration of volition/interpersonal factors are important in highlighting what person-centred facilitators may be useful when setting up active recreational pursuits for individuals who have a learning disability. This includes: peer friendships, social interactions and skill or personal development.

A common finding from the review was that many active recreational opportunities available for people with learning disabilities had to be accessed via a proxy (i.e. family member or paid carer) or be overseen by a coach/teacher.

The review highlights the important role that community and organisational factors play in fostering positive attitudes amongst the general public. Central to this is the organisations stance on supporting the integration of people who have a learning disability to participate in social activities amongst peers who don't. Positive direct contact through leisure activities were found to help develop a stronger social presence in the community which challenge negative attitudes associated with learning disabilities.

Findings identified from the MOHOs habitation theme are helpful in outlining the importance of planning for sessions and the preparation and organisation of the environment when setting up active recreational pursuits.

Limitations of the review

As this was a scoping rather than a systematic review, we did not carry out a quality assessment for the included studies and did not use methodological cut-offs to exclude any studies.

What does this paper add?

- Active recreation is a catalyst for better physical and mental health, social support, community life and skill development.
- A positive therapeutic relationship between people with learning disabilities and carers/coaches is essential to facilitate access and effective participation in recreational activities.
- Exploring what makes active recreation meaningful from the perspective of those with lived experiences can inform more feasible and sustainable opportunities for people with learning disabilities to engage with active recreation.

Recommendations for further research

Rebecca is currently utilising findings from this scoping review to support her primary PhD research which is exploring active recreation for people with learning disabilities from multiple perspectives. This project has been granted NHS ethical approval and is still recruiting for participants. For more information regarding the research please contact Rebecca.

Conclusion

This scoping review identified the importance of the therapeutic relationship between people with a learning disability and their care providers in facilitating participation in active recreation. There is a gap in understanding the true meaning and value of participation in active recreation from the perspective of people

with learning disabilities, and how their perspective may differ from that of their caregivers. To improve the quality of life for people with learning disabilities through active recreation, we need to understand how they make sense of, gain access to, and engage with different activities, as well as what makes these activities meaningful to them. Further research in this area could support both clinicians and caregivers to develop better ways of delivering person-centred active recreation, and by so doing, to address the unmet physical and mental wellbeing needs of people with learning disabilities.

A full copy of the article can be found here: <https://doi.org/10.1111/bld.12407>

Rebecca Haythorne, University of York, rh1631@york.ac.uk

Other Researchers

Lina Gega and Peter Knapp, University of York; and Hannah Crawford, Tees, Esk and Wear Valleys NHS Trust.

References:

- Arksey, H., & O'Malley, L. (2005) Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8, 1, 19-32.
- Boulton, E. R., Horne M., & Todd, C. (2017). Multiple influences on participating in physical activity in older age: Developing a social ecological approach. *Health Expect*, 21, 239-248.
- Gravell, C. (2012). *Loneliness and Cruelty: People with Learning Disabilities and their Experiences of Harassment, Abuse and Related Crime in the Community*. London: Lemos and Crane.
- Kielhofner, G. (2008). *Model of Human Occupation: Theory and Application* (4th ed). Philadelphia, PA: Lippincott, Williams and Wilkins.
- NHS Digital. (2019). *Health and Care of People with Learning Disabilities, Experimental Statistics: 2017 to 2018 [PAS]*. Retrieved from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2017-to-2018>
- Office of National Statistics. (2019). *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland*. Retrieved from: www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland
- Patience, S. (2018). *Overweight and obesity in people with learning disabilities*. Retrieved from: www.independentnurse.co.uk/clinical-paper/overweight-and-obesity-in-people-with-learning-disabilities/167212/
- Public Health England. (2018). *Physical activity for general health benefits in disabled adults: Summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines*. London: Public Health England.





An experience of a Academic Clinical Fellow: Anna Taylor

In the following article our Trusts Clinical I got started in research in the first couple of years of medical school and have been interested in liaison psychiatry from both a clinical and a research perspective from an early stage of my training. My early research focused more heavily on topics such as self-harm, domestic violence, and medically unexplained symptoms. However, when I started work as a doctor in Lancashire in 2017 my clinical work led my interests to evolve into a passion for the grey areas and interaction between physical and mental health. My key interest now is in the psychological impact and wellbeing of patients with cancer, particularly those with pancreatic cancer. I am also continuing some workforce wellbeing research with a team I have been collaborating with over the last five years. I particularly enjoy qualitative methodology but have experience of quantitative methodologies too.

I started as an Academic Clinical Fellow doing my core training in psychiatry in LYPFT last August and have loved my first year here. My clinical academic training allows 25% of my working time to be focused on academic pursuits and although part of my time has been devoted to a PG Cert in Health Research I have also continued to work on a number of research projects. Some of these have been in the works for a year or two and had experienced delays due to the pandemic, but others grew out of the COVID pandemic (such as my work in Long-COVID).

One of my key ongoing studies is a qualitative study exploring the psychological impact on patients who have had a pancreaticoduodenectomy for pancreatic and distal biliary duct cancers. The data from this has been fascinating, and two papers are currently in development. One describes the psychological impact of recovery, while the other focuses more specifically on the role of primary care. We worked with patient and public involvement and engagement (PPIE) members to design the study and conduct

analysis, which has been incredibly valuable. The husband of one of our participants co-produced a short article with us, which discussed our debate around whether or not family members should be included in the interviews. However, the opportunity to talk about his own experience enabled him to express that he himself was traumatised by his wife's diagnosis and how hard it had been to stay 'strong' while dealing with his own fears. I plan to continue to develop my psycho-oncology research throughout the rest of my ACF and hopefully into a PhD (and beyond!).

I am also currently contributing to a multicentre mixed-methods study focusing on junior doctor psychological distress, and paired qualitative papers looking at the sources of stress and protective factors have recently been published. We are currently working on a COVID-focused qualitative paper and some cross-sectional survey analysis too.

I have also contributed to a multicentre qualitative study exploring the experience of patients with Long-COVID, including leading on a paper specifically looking at the experiences of doctors with Long-COVID. Doctors described feeling 'let down' by the system and the challenges of balancing their personal and professional identity.

The nature of academic life means that commitments can come in waves, and COVID has impacted on several projects causing delays. Some projects where the analysis and writing were finished two years ago have only just been published! Therefore it has certainly been challenging at times to balance my clinical and academic work, but it has been fantastic to have had dedicated research time. The coming months will be spent publishing the papers from my pancreatic cancer study and hopefully doing a systematic review of the prevalence of psychological distress in patients with pancreatic cancer.

I tweet at [@Anna_K_Taylor](#), or you can get in touch with me by email at annaktaylor@doctors.org.uk or anna.taylor37@nhs.net.

Read Anna's Recent Research:

- Carolyn A Chew-Graham, Simon Gilbody, Jackie Curtis, Richard IG Holt, Anna K Taylor, David Shiers. Still 'Being Bothered About Billy' – managing the physical health of people with severe mental illness. *BJGP*. 2021; 71 (709): pp. 373-376. <https://doi.org/10.3399/bjgp21X716741>
- Leona Richards, Khadijah Ginwalla, Sana Hasan, Anna K Taylor, Paul Beckley, Marion Matheson, Daniel Zahra, Halima Shah, Gene Feder, Jonathan Broad. Medical student harassment and discrimination: what factors affect perceptions of harassment and discrimination? *The International Journal of Diversity in Higher Education*. 2021; 21 (2): 113-133. doi:10.18848/2327-0020/CGP/v21i02/113-133.
- Ruth Riley, Marta Buszewicz, Farina Kokab, Kevin Teoh, Anya Gopfert, Anna K Taylor, Maria van Hove, James Martin, Louis Appleby, Carolyn Chew-Graham. Sources of work-related psychological distress experienced by UK-wide foundation and junior doctors: a qualitative study. *BMJ Open*. 2021;11:e043521. doi: 10.1136/bmjopen-2020-043521.
- Ruth Riley, Farina Kokab, Marta Buszewicz, Anya Gopfert, Maria van Hove, Anna K Taylor, Kevin Teoh, James Martin, Louis Appleby, Carolyn Chew-Graham. Protective factors and sources of support in the workplace as experienced by UK foundation and junior doctors: a qualitative study. *BMJ Open*. 2021;11:e045588. doi: 10.1136/bmjopen-2020-045588.
- Tayyeba Kiran, Nasim Chaudhry, Penny Bee, Sehrish Tofique, Sana Farooque, Afshan Quereshi, Anna K Taylor, Nusrat Husain, Carolyn A Chew-Graham. Clinicians' perspectives on access to care for people who self-harm in Pakistan: a qualitative study. *Frontiers in Psychiatry*. 2021;12:607549. doi: 10.3389/fpsy.2021.607549.
- Anna K Taylor, Steven Armitage, Ambareen Kausar. A challenge in qualitative research: family members sitting in on interviews about sensitive subjects. *Health Expectations*. 2021;00:1-2. <http://doi.org/10.1111/hex.13263>
- Anna K Taylor, Tom Kingstone, Tracy A Briggs, Catherine A O'Donnell, Helen Atherton, David Blane, Carolyn A Chew-Graham. 'Reluctant pioneer': a qualitative study of doctors' experiences as patients with long-COVID. *Health Expectations*. 2021. 24(3): 833-842. <http://doi.org/10.1111/hex.13223>
- Anna K Taylor, Sarah Steeg, Leah Quinlivan, David Gunnell, Keith Hawton, Nav Kapur. Predictive accuracy of individual and combined risk scale items: multi-centre prospective cohort study. *BJPsych Open*. 2020. Vol 7, Issue 1. <https://doi.org/10.1192/bjo.2020.123>
- Tom Kingstone, Anna K Taylor, Catherine A O'Donnell, Helen Atherton, David Blane, Carolyn A Chew-Graham. 'Finding the right GP': a qualitative study of the experiences of people with long-COVID. *BJGP Open*. 2020. <https://doi.org/10.3399/bjgpopen20X101143>
- Christiana M Zhang, Margot Kelly-Hedrick, Susan W Lehmann, Eden Gelgoot, Anna K Taylor, Margaret S Chisolm. *Bedside Education in the Art of Medicine (BEAM): An arts and humanities-based clinical teaching resource*. *Academic Psychiatry*. 2020. <https://doi.org/10.1007/s40596-020-01270-5>

Farewell to Professor Barry Wright

In the following article our Trusts Clinical Professor Barry Wright will retire at the end of October 2021. Barry has worked as a consultant child and adolescent psychiatrist in York for the Leeds & York Partnership NHS Foundation Trust (and predecessor Trusts) since 1995 and is currently also the Professor of Child Mental Health at the University of York. He worked, initially as a community child and family psychiatrist and then since 2004 as the Clinical Lead of the National Deaf Child and Adolescent Mental Health Service (NDCAMHS). He has special interests in supporting the families of children with deaf children, Autism Spectrum Disorders, children with learning disabilities and children with physical illnesses.

Barry has been involved in the Hull York Medical School since it began in 2003 and chaired the group that wrote the mental health curriculum. During his time at the medical school he has been variously the Director of Student Support and the Director of Research in the medical school at the University of York. In 2015 he set up the Child Oriented Mental Health Intervention Centre (COMIC), a collaboration between the NHS (LYPFT) and the University of York.

The main aim of COMIC is to find better interventions for children and young people with mental health problems. Previously many of the interventions in clinical practice were based around medication or adult based therapies and not designed specifically for children and young people. COMIC seeks to find and research child friendly interventions and works closely with children, young people and their families to achieve this.

In the last few years the centre has run three randomised controlled trials in this field and has been funded by the National Institute for Health Research and the Medical Research Council. One of these

studies tested LEGO® based therapy for children on the autism spectrum in over 100 schools in York, Sheffield and Leeds showing small but statistically significant benefits in social skills improvement and some cost effectiveness benefits with reductions in time needed for expensive CAMHS and education interventions.

Another successful study funded by the MRC has transformed how autism assessments for deaf children are carried out with new validated assessments for parent interviews, play based assessments and a screening questionnaire.

A further NIHR randomised controlled trial showed that One Session Treatment (OST) for specific phobia in children and young people was just as effective as multi-session CBT. This involves one assessment session and one 2½ to 3 hour treatment session. Clinicians were surprised to find some great benefits to children and young people with many being cured of their phobias. The study treated children in 26 CAMHS, local authority and voluntary sector services across England in Yorkshire and beyond (as far as Norwich and Exeter) and treated over 250 children with phobias as varied as needle, button, dog, spider, costume character and blood phobias.

Important systematic reviews have been carried out by COMIC exploring what parenting support interventions are available for deaf infants and another one exploring interventions for children at risk of attachment problems. Various other studies carried out by COMIC included mental health surveys in Yorkshire schools, social prescribing for children with anxiety and depression, one day autism assessments in primary schools in Bradford and York and a current multicentre NIHR funded randomised control trial of an intervention using Social Stories for children with social communication problems.

It is time for younger, innovative and enthusiastic clinicians to take on the immensely important task of providing high quality clinical services for children and young people and also for making sure that good quality research happens so that there can be an improved services in the future. Barry leaves the Trust in October and looks forward to doing plenty of walking, cooking, reading and getting back in touch with the various aspects of his creative side and wishes all his colleagues well for the future.



Barry Wright (formerly LYPFT)



The first ever Play and Fun in Child Mental Health Interventions Conference was hosted by the Child Oriented Mental Health Intervention Centre (COMIC) research team on 25th August 2021. The COMIC team are passionate about developing accessible, child friendly mental health interventions and this conference brought together like-minded researchers from all over the world.

Professor Barry Wright, head of COMIC and professor of child mental health at the Hull York Medical School, hosted the conference and presented an overview of the work currently being run in the COMIC research team.

Barry then introduced our first presenter, Ellen Kingsley. Ellen, a research fellow and trial coordinator in the COMIC team, presented the preliminary results of the I-SOCIALISE trial. This large-scale randomised control trial looked into the use of play brick therapy (previously LEGO® based therapy) for children and young people with autism. The research was run in mainstream schools in the North of England and used a number of outcome measures to assess the effect of this intervention on the social and emotional skills of children and young people with autism as compared with the control arm.

Following Ellen was Dr Jenny L Gibson, senior lecturer at the University of Cambridge. Jenny discussed how play-based interventions can support social and communication skills development in children with a diagnosis of autism spectrum disorder. Jenny argues that play is a human right that is protected for all children, and an important way for children to be themselves and let off steam.

After a quick break, we were very lucky to view a video presentation from Dr Kathy Hirsh-Pasek. Kathy is a Professor of Psychology at Temple University and a senior fellow at the Brookings Institution. Kathy spoke of how free play and guided play can be used to support children's

social and cognitive development. Kathy argues that play and learning are not incompatible and that it is possible to have strong curricular goals that are presented to children within a playful pedagogy.

Our next presentation came from Kelsey Graber, a PhD student at the University of Cambridge. Kelsey presented findings from a qualitative study exploring self-expression through play during the COVID19 pandemic. Fifteen children (ages 3-10) were virtually interviewed about their current play experiences between August-October 2020. Kelsey proposes that adults' willingness to enter a child's play world and listen to their perspectives may provide a way to witness not only their comprehension and understanding, but also their adaptability, wellbeing, and resilience in the face of adversity.

After lunch we were joined by Ella Paldam, co-principal investigator of CollaboLearn at Aarhus University. Ella spoke of how play can be used to facilitate learning across different neuro types. She presented a two-minute video clip of three children with autism engaging in a construction play activity facilitated by an adult psychologist. She then presented an in-depth analysis of this video including a commentary on the design of social interventions for children and young people with autism.



Photo by Matthew Henry available at burst.shopify.com

Our final presentation of the day came from Dr Rachel Nesbit from the University of Exeter. Rachel provided an overview of the associations between play and mental health in British children. Drawing on findings from the British Children's Play Survey, Rachel spoke of how play may act as a mechanism to reduce childhood anxiety.

This conference was a fantastic opportunity for researchers, clinical staff, and anyone with an interest in child mental health to learn and network. We hope to carry on this conference in the future and expand our learning in the area of play and fun.

On behalf of the COMIC team, we would like to thank all of our attendees, presenters, organisers, and BSL interpreters for helping to facilitate this fantastic event. If you would like to learn more about COMIC and the work we do please visit our website www.comic.org.uk or follow us on Twitter [@COMICResearchUK](https://twitter.com/COMICResearchUK). If you have any questions please email us at research.comic@nhs.net.



Photo by Matthew Henry available at burst.shopify.com



Early intervention for parents of deaf infants – a systematic review

The Child Oriented Mental health Intervention Centre (COMIC) research team have recently completed a systematic review of early support interventions for parents of deaf infants. This study was funded by NIHR's Research for Patient Benefit programme (RfPB).

There are approximately 50,000 deaf children in the UK. Over 90% of these are born to hearing parents, many of whom were not expecting a deaf child and may require specialist support or advice. Research has shown that deaf children can often experience poorer long-term outcomes than hearing children. For example, language delay can lead to difficulties in educational attainment and social and emotional development. Importantly deaf children and young people have two and a half times the risk of having mental health problems compared to the general population and so early intervention to promote social and emotional development and support is seen to be important. Prevention of mental health problems in deaf people is an area of interest for the National Deaf CAMHS, three centres of which (York, Newcastle and Manchester) are run by LYPFT.

In the UK, as part of the Universal Newborn Hearing Screening Programme (UNHSP), infants are screened shortly after birth for signs that they might be deaf. Some deaf children and their families then receive support from Qualified Teachers of the Deaf and audiologists. Early detection and early intervention has shown to be helpful at improving outcomes for children. However, specific interventions can vary by locality and there is a current lack of research around which interventions are most helpful for parents of deaf infants.

This systematic review aimed to scope the literature to identify the evidence for early support interventions for parents of deaf infants. Initial searches identified 5,577 records, with 54 meeting final inclusion criteria. Two reviewers screened papers and completed data extraction and quality assessment.

The included 54 papers covered a wide range of interventions and various outcome measures. Interventions most commonly focused on the language and communication of the child. There were only five randomised controlled trials identified and few studies were based in the UK. Despite the importance of supporting early social and emotional development, none of the included interventions specifically focused on this. The team identified a need for further research in this area to develop evidence based early interventions for parents of deaf infants.

The team have submitted a final report to NIHR and are currently submitting a paper which includes full results. They will also be presenting their findings at the Family Centred Early Intervention Conference in Bad Ischl, in 2022.

Megan Garside, LYPFT
megan.garside@nhs.net



DIAMONDS study

diamonds.
Improving diabetes self-management for people with severe mental illness.

DO YOU HAVE DIABETES AND A SERIOUS MENTAL ILLNESS?

We are looking for people to join the DIAMONDS research study

Our aim is to improve support for people with diabetes and serious mental illness

IF YOU WOULD LIKE MORE INFORMATION, PLEASE CONTACT:

LISA HACKNEY
lisa.hackney1@nhs.net
07980956795

Leeds and York Partnership NHS Foundation Trust | FUNDED BY NIHR | National Institute for Health Research | UNIVERSITY of York

Finding the Evidence - training dates for your diary

National Institute for Health Research (NIHR) funding opportunities

The Library and Knowledge services team are currently delivering information skills training courses remotely. The team are delivering one-to-one training to request this you will be required to complete a training request form www.leedslibraries.nhs.uk/courses/one-on-one-request.php.

The following courses are free to all Trust staff.

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.

For more information about any of our library courses; visit www.leedslibraries.nhs.uk/home/

You may also be interested in accessing the introduction *videos below:

Critical Appraisal
Literature Searching
BMJ Best Practice
Royal Marsden Manual
Anatomy Resources
Journals A-Z
Browzine
Kortext
Registering for an NHS OpenAthens Account
TRIP Database

These videos can be found here: www.leedslibraries.nhs.uk/training/training-videos

*Please note Library and Knowledge services do not accept the responsibility for the content of these videos which have been produced by suppliers and external organisations.

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
PHR	NICE Rolling Call (Stage 1) - 30 Nov, 1pm
Cochrane	Gold open access scheme - 3 Jan, 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 NHSe 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/


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:

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

Sarah Cooper

Head of Research & 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: sarah.cooper85@nhs.net

Research Forum: Register now!

Date: 11 November 2021 **Venue: The Studio, Leeds**

You will already be aware that the Research Forum will take place this year, we would like to share with you some of the great presenters / workshop providers we have booked for this year's event:

- Lina Gega, University of York
- Max Henderson, LYPFT
- Matt Harrison, LYPFT
- Else Guthrie, LYPFT
- Nav Kapur,
University of Manchester
- Wendy Burn, LYPFT
- Comic research, LYPFT
- Anthea Mould,
NIHR Clinical Research Network
- Joe Loftus, LYPFT
- Rob Howard,
University College London
- Charlie Rust, LYPFT

To view the draft programme please visit: <https://bit.ly/3Cwp5Jx>

To register to attend this event please complete the Google form here:
<https://bit.ly/3nXI9xp>