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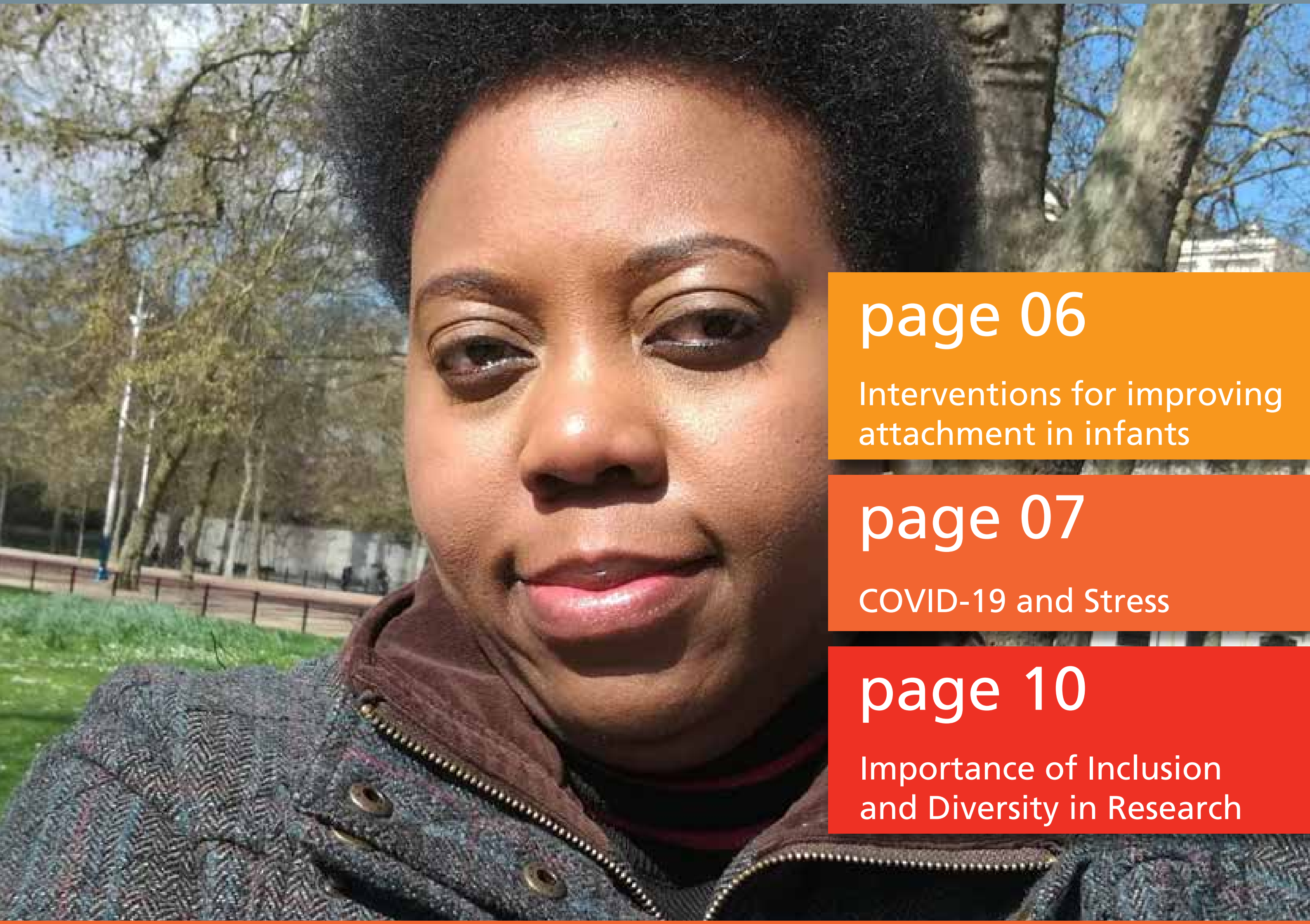
R & D

Innovation

Research and Development Newsletter



www.leedsandyorkpft.nhs.uk/research

January 2022 Issue 46

Contents

Completed Research Projects

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

Editorial

Editorial issue 44 Innovation

Welcome to Innovation 46 and 2022. In this edition you will be able to read about the outputs of some recent studies that have been completed, we will also introduce you to Wendy Andrusjak. Wendy is providing maternity leave cover within the team and will support research happening across the Trust as well as seeking out new opportunities for studies.

Abimbola Wilson shares the work she is doing as part of the Ethnic minority Inclusion project. As a Research and Development department we strive to ensure the research we conduct is inclusive and representative of the population we are researching. We do this by challenging research teams where we don't feel the protocol is inclusive or will ensure a representative population will be recruited. Where necessary we work with third sector agencies to ensure we reach the right people. This is ongoing across all research we do in the Trust and we challenge those developing their own research to consider how inclusive their research is and what they can do make it even more inclusive. We also measure ethnicity of those taking part in research to allow us to compare these with local data to help us see how we are doing in this area.

In this addition we also look at some work that has been completed that considers routinely used interventions for improving attachment in infants and young children. The study aimed to look at the evidence base for routinely used interventions for improving attachment in infants and young children. Overall, the research found that parenting interventions are effective at improving attachment difficulties but currently there is a gap between research and practice. There is also an article looking at a recent systematic review that was completed looking at early interventions for parents of deaf infants.

As we join the New Year with continued uncertainties around COVID in this edition of Innovation we hear about the results of a study we have been supporting around the psychological impact of the COVID-19 pandemic. This was an online survey that is providing important data on the psychological impact of COVID. Survey findings showed that levels of depression, anxiety, and stress in April significantly exceeded pre-pandemic population normative data. Thanks to everyone who has contributed to this study and all our studies over the last year. We hope to bring you other exciting research outputs throughout 2022.

Sarah Cooper
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Completed Project

Can implementation intentions help people supported by inpatient mental health services to be less sedentary and more physically active?

Introduction

Implementation intentions (II), or "if-then plans", are tools that support behaviour change techniques by supporting people to turn their intentions into action. Volitional Help-Sheets are a tool to help people form IIs, by identifying critical situations and linking these to potential solutions. Volitional Help-Sheets are low burden and cost effective, and may be feasible to use within an NHS setting. "Sedentary behaviour" is laying or sitting down in the day, and remains a relatively new area of research interest, despite being an independent risk factor for all-cause mortality. People with mental health difficulties are at risk of a reduced life expectancy of more than 10 years compared to other populations, and may be more sedentary than healthy controls. Few studies have the primary aim of decreasing sedentary behaviour in clinical populations.

Aims

The present study will evaluate the feasibility and acceptability of using a Volitional Help Sheet to help people within inpatient mental health services to form IIs, with the aim of reducing sedentary behaviour. This is both relevant and timely given the restrictions implemented to manage the transmission of Covid-19 and the subsequent impact on opportunities for movement of service users within these settings. If it is found that Volitional Help-Sheets are feasible and acceptable to use in this population, this will justify further research in this area.

Hypotheses

Hypothesis 1:

Forming IIs using the Volitional Help-Sheet will be considered feasible to use within NHS settings.

Hypothesis 2:

Forming IIs using the Volitional Help-Sheet will be considered acceptable to the participants involved in the study.

An exploratory aim was to obtain preliminary evidence concerning the efficacy of the intervention.

Method

Four sites were opened in LYPFT, Sheffield Health and Social Care NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust and Pennine Care NHS Foundation Trust. Recruitment posters were displayed in clinical areas, with surveys accessible through a link embedded within the recruitment poster. Participants were asked to complete a Volitional Help-Sheet which gives up to 20 situations and 20 solutions which could be tailored to the individuals' experience. Participants randomised to the experimental arm were asked to use the Volitional Help Sheet to form IIs by linking situations in which they are tempted not to be physically active, with solutions to overcome these. Participants randomised to the control arm were exposed to the same information but not asked to form IIs. Follow-up was four weeks after survey completion.

Analysis

Feasibility was measured by the number of participants recruited into the study, with 24 participants considered feasible. Retention was measured by the number of participants retained and deemed feasible if 18 participants complete the study. Following Weiner et al. (2017), it was assumed that scores of >16 on each of the measures would be considered acceptable. An exploratory 2x2 ANOVA was used to assess the efficacy of the intervention, with "condition" as the between-participants independent variable and "time" as the within-participants independent variable, using the Sedentary Behaviour Questionnaire as the dependant variable (Gardiner et al., 2011).

Results

Participants were all male service users in inpatient mental health settings (n = 3). The average age was 37 years, and all stated "British" for ethnicity. One participant reported a diagnosis of psychosis, one bipolar, and one anxiety related condition. Sedentary time ranged from 33.75 to 110 hours a week, with an average of 69.6 hours a week. ONS wellbeing scores ranged from 16 (low) to 40 (high) with an average of 22 (medium). Capabilities, opportunities, and motivations scores were close in range: 38, 39, and 40. PHQ- 70 9 scores ranged from none, mild, and moderately severe, and GAD-7 scores ranged from none to severe anxiety. The participant in the experimental condition formed ten IIs.

Feasibility and acceptability could not be demonstrated as the study could not recruit to target. Only three participants completed baseline data, and none were retained at follow-up. The participant who completed the baseline data in the experimental condition rated the Acceptability of Intervention Measure as 18, Intervention Appropriateness Measure as 17, and the Feasibility of Intervention Measure as 17, suggesting that the Volitional Help-Sheet was acceptable to this individual. None of the participants completed follow-up data, and therefore it was not possible to report change in activity levels resulting from the experimental or control group.

Discussion

It was not possible to recruit successfully to this study. A possible explanation for the challenges in recruitment could be methodological factors, such as accessibility, recruitment method, staffing pressures, remote recruitment, sensitivity of topic area, and/or digital exclusion.

Recommendations

The study could be conducted face to face in its original form when restrictions and ward capacity allow to investigate whether a Volitional Help-Sheet can help people to move more and sit less in inpatient mental health settings without the additional barriers associated with remote recruitment.

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Completed Project

A systematic scoping review of early interventions for parents of deaf infants

Background

Over 90% of the 50,000 deaf children in the UK have hearing parents, many of whom were not expecting a deaf child and may require specialist support. Deaf children can experience poorer long-term outcomes than hearing children across a range of domains. After early detection by the Universal Newborn Hearing Screening Programme, parents in the UK receive support from Qualified Teachers of the Deaf and audiologists but resources are tight and intervention support can vary by locality. There are challenges faced due to a lack of clarity around what specific parenting support interventions are most helpful.

Methods

The aim of this research was to complete a systematic scoping review of the evidence to identify early support interventions for parents of deaf infants. From 5577 identified records, 54 met inclusion criteria. Two reviewers screened papers through three rounds before completing data extraction and quality assessment.

Results

Identified parent support interventions included both group and individual sessions in various settings (including online). They were led by a range of professionals and targeted various outcomes. Internationally there were only five randomised controlled trials. Other designs included non-randomised comparison groups, pre / post and other designs e.g. longitudinal, qualitative and case studies. Quality assessment showed few high quality studies with most having some concerns over risk of bias.

Conclusion

Interventions commonly focused on infant language and communication followed by parental knowledge and skills; parent wellbeing and empowerment; and parent/child relationship. There were no interventions that focused specifically on parent support to understand or nurture child socio-emotional development despite this being a well-established area of poor outcome for deaf children. There were few UK studies and research generally was not of high quality. Many studies were not recent and so not in the context of recent healthcare advances. Further research in this area is urgently needed to help develop evidence based early interventions.

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Other researchers

Barry Wright, Rebecca Hargate, LYPFT; Gwen Carr, The University College London; Ruth Swanwick, University of Leeds; Tina Wakefield and Ian Noon, National Deaf Children's Society and NatSIP and Paul Simpson, British Association of Teachers of the Deaf.

Images from Freepik.com

Completed Project

Covid-19 and Stress

This study aimed to (1) document the psychological impact of the COVID-19 pandemic in a community cohort during the first lockdown, (2) examine the psychological impact of 12 weeks of social distancing and other social restriction measures, (3) determine the impact of 12 weeks of restriction measures on the stress biomarker cortisol, and (4) explore the impact of social restriction measures changing during the study period.

To achieve the above study aims, recruitment of participants was conducted in the community between 3rd April 2020 and 30th April 2020 through a social and mainstream media campaign. A total number of 3097 eligible participants provided informed consent via JISC Online Survey. Online surveys assessing the psychological impact of the COVID-19 were administrated at three time points: baseline (lockdown, 3rd April 2020-30th April 2020), Time 2 (ease of restrictions, 1st July 2020-21st September 2020), Time 3 (increased restrictions with four weeks of lockdown, 11th November 2020-31st December 2020). The psychological factors assessed included depression, anxiety, stress, loneliness, positive mood, perceived risk of COVID-19, worry about contracting COVID-19, fatigue. All participants also sociodemographic information (e.g., age, gender, ethnicity, keyworker status, being in a recognised COVID-19 risk group etc.) as part of the baseline survey. After completing the survey at baseline and Time 2, participants were instructed to take a hair sample which was to measure the stress biomarker cortisol before and during the lockdown. A total number of 878 participants provided survey data at all three points, among whom n=645 also provided two hair samples at both baseline and Time 2.

Participants were predominately female (85%), living in England at the beginning of the lockdown (92%) with an average age of 44 years. Fifty percent of the cohort described themselves as keyworkers (39% identifying as working in health and social care). Twenty percent identified themselves as having clinical risk factors which would put them at increased risk of getting COVID-19. Survey findings showed that levels of depression, anxiety, and stress in April significantly exceeded pre-pandemic population normative data. Being younger, female and in a recognised COVID-19 risk category were associated with increased stress, anxiety, and depression. Modifiable factors namely positive mood, perceived loneliness, and worry about contracting COVID-19 were also associated with all outcomes.

Longitudinal results and cortisol results are being analysed and manuscripts are in preparation.

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Completed Project

Routinely used interventions for improving attachment in infants and young children

The Attachment Matters study was funded by the NIHR Health Technology Assessment (HTA) programme and involved collaboration between COMIC Research, University York and University College London (UCL). The study aimed to look at the evidence base for routinely used interventions for improving attachment in infants and young children.

Survey

Working with the team at UCL we conducted a large scale UK survey. The aim of the survey was to find out what interventions are currently being delivered by UK services to support children with or at risk of attachment difficulties. The survey focused on relevant UK services such as local authorities (LAs), child and adolescent mental health services (CAMHS) and fostering and adoption agencies. It collected detail around the interventions offered, ways in which services treated attachment difficulties, clinicians' roles, their understanding of the term 'attachment difficulties', measures used to assess attachment, and training and supervision for professionals. The results from the survey then informed the design for the second systematic review.

Review one

The first review was an update of two systematic reviews previously conducted within the team in 2015 and 2017. The aim was to look at the effectiveness of parenting interventions to treat attachment difficulties in children under the age of 13 years old. For this review we included Randomised Control Trial (RCT) evidence only, as this is seen as the gold standard for testing interventions. We included studies testing any interventions as long as they provided an attachment classification outcome and were aimed at reducing rates of disorganised attachment or increasing rates of secure attachment. We combined our results with those from our previous reviews and conducted two meta-analyses; one with studies aimed at reducing rates of disorganised attachment and one with studies aiming to increase rates of secure attachment. We also conducted a sub-analysis on some of the intervention characteristics.

Review Two

The second review was informed by the results of the survey. We looked at the literature behind the top 10 most commonly used interventions as reported by respondents in the survey. These 10 interventions were selected to have the most responses in the survey, other interventions were reported in the survey, however they either had fewer responses or were not manualised interventions. We included any study design focusing on these certain interventions to get a broader picture of the evidence base behind what is being used in practice.

Results

Overall we found that parenting interventions are effective at improving attachment difficulties. We also found that there is a gap between research and practice. The most commonly used interventions were found to have a limited evidence base and those with a larger evidence base were not as commonly used by survey respondents. Full details of the study have been submitted to HTA and the study findings are expected to be published shortly.

If you're interested in this project, or wish to find out more information, please contact **Eleni Tsappis** at eleni.tsappis@nhs.net or **Megan Garside** at megan.garside@nhs.net

Research and Development department's Pump Priming call success

In October 2021 the Research and Development (R&D) department put out a pump priming call to aspiring researchers within the Trust. The Pump Priming call was open to any individual or collaborative team working within the Trust. The grant was to support with activities that would lead to a larger external funding application.

The department received a range of exciting applications from staff members within the Trust from varying professional backgrounds. The department was particularly pleased to see applications from some of the interns from the recent research internship held in the Trust in 2020/21. This internship gave individuals an opportunity to take out to develop a research idea as well as attend some formal research training at the University of Leeds.

Five successful applicants were selected and they will complete their work between now and March 2022. The recipients and their project titles are below.

We'll hopefully be able to tell you more about the outputs from these projects in the coming months.

Emma Pearce (Speech and Language Therapist)	Establishing the unmet communication need of patients living with dementia in the LYPFT OPS inpatients units
Naeema Majothi (Pharmacist)	How can deprescribing of antipsychotics medicines in working age adults with a diagnosis of schizophrenia be safely and effectively implemented within NHS Primary Care in England?
Dr George Crowther (Consultant), **Dr Matthew Davis & Dr Helen Hughes, Dr Rachael Prof. Alison McKay**	Applying computer modelling, simulation and socio-technical systems analysis to improve NHS dementia care outcomes
Dr George Crowther (Consultant), **Emma Wolverson, Gregor Russell and Ben Underwood**	Setting research priorities for inpatient mental health wards supporting people with dementia
Dr Clare Fenton (Consultant) **and Dr Jennifer McIntosh** (Dietitian)	The COBALT Study: A Randomised Control Trial of Continuous enteral feeding vs Bolus Feeding for Adolescents with Anorexia nervosa

Research and Development, LYPFT, research.lypft@nhs.net

Importance of Inclusion and Diversity in Research...

...and how we can ensure that Research is more representative and include diverse population

Hello, my name is Abimbola Wilson I am a Clinical Studies Officer (CSO) within the LYPFT research and Development Team. It is my pleasure to be sharing on this edition why inclusion and diversity in research is important and how we can ensure that research is more inclusive and representative of the community we serve. Also, I will be sharing about two of the groups I am involved with and their relevance in the inclusion and diversity agenda across the board.

It is well-evidenced that under-representation of ethnic minority groups exists in research. Also, that for any research to be meaningful it has to be representative of the community we serve. Unfortunately, there is evidence that there is a problem with inclusion and diversity within research. Until we have diverse representation in research, the delivery and the outcome will remain partial, and we will not know whether the results can be applied to everyone equally. For example: some groups of people suffer more from certain diseases than others; the cause of a disease may differ for different groups of people; the treatments may not be equally effective for all groups of people; some groups may experience more side effects from treatments than others and there is diversity in the genetic makeup from different groups.

Research plays a big part in addressing health inequalities, and participation in research builds health engagement and improves health outcomes. To achieve equality in health outcome, proactive approach towards inclusion is important. When particular groups of the community are not fairly represented/included then there are consequences, both on the research outcome/result and on the affected groups - they feel left out. This can cause disillusionment, unhappiness, lack of confidence and trust, resentment, negative attitudes towards research and much more.

Researchers, research delivery staff, funders, reviewers etc. all have a part to play to improve inclusion and diversity in research. Some key areas for improvement include: how we approach and engage with the group, to be more compassionate and more bearing . Also, making research more accessible to the group, ensuring that research-related information/materials are presented in different languages and dialects that are appropriate to them, embedding inclusion across research pathway from design to implementation (study protocols included), co - production and co - design of research studies with the members of the group with living experiences. Other areas include increasing diversity among the research team, PPI groups, research champions and ambassadors, review panels and encouraging cultural development programs like cultural awareness and reverse mentoring. Also, important is change in perceptions about the groups - get proactive in reaching out to them, not seeing them as the "hard to reach group". More work into improving engagement with the local communities' groups and leaders, transparency and alleviating fear and anxiety by listening to their concerns. To not allow fear of getting things wrong or saying the wrong thing (when the intention is good) from keeping us from making the effort to reach out and engage with them. Finally, getting the listening right and doing something about what we hear.

The Ethnic minority Inclusion project which I am involve with is committed to understanding and improving the access and participation in research for all minority groups. The Ethnic Minority COVID-19 project was established in 2020-21 by the Clinical Research Network Yorkshire and Humber (CRN Y&H) in response to the growing awareness of the disproportionate effect of the virus on members of Ethnic Minority communities and the need to encourage the involvement of participants from these communities in clinical research in our region. Among their identified work themes to support the delivery of the project objectives is the protocol inclusivity project which I co-lead on. As we know that not all research makes it easy for the ethnic minority group to take part in them – the project aims to use data collection as a tool to understand the extent of this issue from research protocols, so that we can begin to raise awareness of the limitations. As the hub leads for my area, my role among many others involves community and organisations regional contacts mapping, facilitating, and managing healthy conversation on inclusion, engagement, and diversity in research via webinars, and leading/co–leading on projects.

The other group I am involved with is the WREN: Workforce Race and Equality Network – a diverse and inclusive group that is open to all members of staff, with the aim of ensuring fairness, equality, and diversity within the organisation. As a researcher, I have been able to use the platform to raise awareness, promote relevant research studies and materials, provide information and resources from reliable sources (especially in addressing myths and misinformation regarding vaccination and covid research). Also, I facilitated a very educational and informative C19 workshop at the peak of the pandemic with the group.

LYPFT is a proud partner of the EMRI project and the LYPFT R&D department has been very supportive in many ways, amongst which is their participation in the protocol inclusivity project.

We can all play our part to ensure that we are actively involved in driving forward the agenda of improving inclusivity and diversity in research. There is not a better time to act than now!

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Hello my name is... Wendy Andrusjak

I have recently started my role as a Research Programme Manager with the research team at Leeds and York Partnership. This role involves managing the research studies currently active within the trust and sourcing new research opportunities for the future.

My interest in research developed from my dissertation project in my Psychology undergraduate degree which focussed on the biopsychology of human appetite. My first research job was as a Clinical Trials Assistant for the Obstetrics and Gynaecology department at St James's Hospital. From there I developed my career in research through different roles which included a Portfolio Delivery Support Officer for the Clinical Research Network, a Clinical Studies Officer for Rotherham Doncaster and South Humber's mental health trust and a Research Assistant managing the HomeHealth trial for the Bradford Institute for Health Research.

In addition to my work experience, I have recently completed a PhD at the University of Bradford. My PhD project explored the identification and management of hearing and vision loss in older adults living in care homes. Hearing and vision difficulties are linked to the development and progression of dementia, and I worked closely with the dementia team at the University of Bradford to further our knowledge in the field. I have published two papers from the project so far, presented at international meetings, and I am a collaborator on a hearing and vision research grant being conducted in Canada.

Outside of work I enjoy hiking with my three year old cockapoo Luna and fiancé Chris and I also love to read novels. Prior to the pandemic I also travelled the world as much as possible; I have lived in many different towns across Australia and New Zealand, and I have also travelled around China, Canada and America, and visited many countries across Europe.

Wendy Andrusjak, LYPFT,
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CRQ study

Would you like to test a new questionnaire looking at carer recovery?

www.carerrecovery.wordpress.com

Carer recovery

To support carers it is important to understand their wellbeing. One way is to look at whether they are on a recovery journey despite still caring for someone with psychosis. Many carers have adapted to their caring role and found ways to rebuild their lives. Understanding carer recovery would help us see how well carers are coping and then the right support can be put in place. This study is looking for help to test a new questionnaire: **Carer Recovery Questionnaire (CRQ).**

25 Aug 2021 V 1.3

Are you eligible?

- 18 years or older?
- Care for someone with psychosis or schizophrenia?
- Have an internet connection?
- Live in the United Kingdom

What's involved?

- Reading the study information sheet
- Completing the online consent form
- Completing a one-off online questionnaire pack

Contact

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Mobile: 07743 599589
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www.carerrecovery.wordpress.com

Finding the Evidence - training dates for your diary

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 https://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.

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: https://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.

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

National Institute for Health Research (NIHR) funding opportunities

NHS
National Institute for Health Research

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 (https://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
HS&DR	Commissioned (Stage 1) 1pm, 24 May 2021
PHR	Commissioned (Stage 1) 1pm, 05 April 2021

Funding streams:

1. **Efficacy and Mechanism Evaluation (EME):** Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.
2. **Health Services and Delivery Research (HS&DR):** Funding research to improve the quality, effectiveness and accessibility of the NHS, including evaluations of how the NHS might improve delivery of services. It has two work streams, researcher-led and commissioned.
3. **Health Technology Assessment (HTA):** Funds research to ensure that health professionals, NHS managers, the public, and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology.
4. **Invention for innovation (i4i):** Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.
5. **Programme Grants for Applied Research:** To produce independent research findings that will have practical application for the benefit of patients and the NHS in the relatively near future.
6. **Public Health Research (PHR) Programme:** Funds research to evaluate non-NHS interventions intended to improve the health of the public and reduce inequalities in health.
7. **Research for Patient Benefit (RfPB):** Generates research evidence to improve, expand and strengthen the way that healthcare is delivered for patients, the public and the NHS.

For further details about funding opportunities through the NIHR, visit: www.nihr.ac.uk/about-us/how-we-are-managed/boards-and-panels/programme-boards-and-panels/

Contact us R&D

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

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