



Innovation

Research and Development Newsletter



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Editorial issue 49 Innovation

Welcome to Innovation. In this edition we have articles focusing on staff who are involved in research, sharing some of the reasons why they do research and the difference it makes to their clinical practice. We highlight an award that Hilary Lewis received for her research on people's experiences of multidisciplinary treatment for persistent physical symptoms (PPS). Hilary won a national Constance Owens Early Researcher Award 2022, this award is given to an individual occupational therapist participating in a service development activity or project relevant to occupational therapy, and which will have a likely impact on the outcomes for people who access occupational therapy services.

I also interview Susan Guthrie about her role which allows her to split her time between front line clinical work and research. Susan is an Advanced Practitioner, Speech and Language Therapy and CArDINAL Clinical Academic Research Fellow, her research is looking at the needs of adults with mental illness and mealtime difficulties.

This edition also features some research that looks at ways to help make perinatal mental health care easy to access for everyone. The research sought to understand inequalities, barriers and facilitators to perinatal mental health care. As we strive to understand how we can make healthcare accessible to all we must also make research accessible to all. We will shortly launch our new research strategy, and the theme of equality and diversity is threaded throughout the strategy. This is a topic as a team we are passionate about, and we look forward to sharing the ways in which we have made a difference.



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People with severe mental ill health (SMI) experience significant health inequalities compared to people without this diagnosis. There is potential for these inequalities to become more significant as a result of the health risks and restrictions linked to the COVID-19 outbreak.

The OWLS study was set up to explore how the pandemic and its associated restrictions have affected people with SMI and suggest ways to mitigate against any widening health inequalities. 367 participants were recruited from a range of demographics within England.

Data relating to behaviours known to be harmful to health, showed that whilst some people reported smoking less during the pandemic (12%), over half of the respondents who smoke, were smoking more than before the pandemic (55%). Results from the study show that just under half the people who took part was doing less physical activity than they did prior to the COVID-19 restrictions. Of those who drink alcohol, 29% said that they were drinking more and 27% said that they were drinking less than usual.

From the data, the increase in the behaviors mentioned above was associated with being younger and self-reporting of a deterioration in physical health. The increase was not associated with gender, level of deprivation, ethnicity and self-reported deterioration in mental health.

During the pandemic, living alone and being younger were associated with being lonely among people with SMI but the same factors were also associated with increased loneliness among the general population. Feelings of social connectivity were associated with living with others.

The majority of respondents have Internet access and a device to connect with. Around half of the respondents felt that they had a good to outstanding knowledge of the Internet. There is an important minority (more than 10%) that does not own any digital device or do not have access to the Internet from home. Around a third of all participants expressed interest in learning more about how to use the Internet. Those who were more able to use the Internet were likely to be younger and have bipolar disorder rather than a psychosis-spectrum disorder. Most of the people who said they were using the Internet a lot during the pandemic, also said they felt like their mental health has declined since the beginning of the pandemic. However, it is possible that this is due to the personal characteristics of these people, like for example their diagnosis. The three biggest barriers to Internet use were people not being interested in using the Internet, finding the Internet too difficult to use and security concerns. The most common reasons for using the Internet were, accessing information/ entertainment, staying in touch with friends and buying things other than food.

The majority of people reported that they had been able to access both physical and mental health services when they needed to and a face-to-face meeting increased the likelihood that people felt that their needs had been met.

Almost a third of people who weren't currently receiving support from mental health services thought that they would need support in the next year and of those currently receiving support about a quarter thought they would need additional support in the next year. A further quarter of those currently receiving support felt that they might need additional support in the next year.

In summary people with SMI will need additional support to prevent worsening of existing health inequalities, support will particularly be needed to help people stop smoking and take more exercise in addition to further support from mental health services. Furthermore support will need to be delivered in a way that works for the individual and not assume that everyone had access to, and can use the internet, or that appointments delivered remotely provide people with the care they need.

Recommendations for the future

Support people with SMI to enhance their digital skills and increase motivation to use the Internet. Greater support might be needed for older people with psychosis spectrum disorders. The connection between being online and worse mental health warrants greater exploration to understand why this is the case, and to make recommendations about positive use of the Internet.

Services should take into consideration individual's needs, recognizing that needs may fluctuate and allowing patient choice in the mode of delivery and taking into account the digital divide in this population.

Plans need to be put in place for increasing funding for services and creating additional low intensity face to face services in addition to what is already available to allow people's needs to be met as quickly and easily as possible to mitigate against greater longer term consequences, both in terms of physical and mental health.

SMI should be recognized along side other sectors of society found to be most adversely affected by the COVID- 19 restrictions and provided with targeted extra support to prevent additional ongoing adversity for one of the most vulnerable sectors of our society.

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Help make perinatal mental health care easy to access for everyone

Background

Perinatal mental health (PMH) difficulties are common globally and carry devastating impact for women and their families. Increasingly, Global North countries have routine mental health assessment within maternity and child health services but this does not ensure equal and fair access. In the UK, women's needs are less often identified and/or met where lacking English fluency, being recent migrants, or from minoritised ethnic or socio-economically deprived backgrounds.

Objectives

To understand inequalities, barriers and facilitators to PMH care, including disclosure and identification in maternity and other universal services, and access, referral, and uptake of specialist PMH services.

Methods

Semi-structured interviews were conducted in Northern England with women (n=19) from ethnic minority and/or socio-economically deprived backgrounds, and voluntary sector workers (n=12), and an online survey with National Health Service healthcare professionals (n=145). Barriers and facilitators were mapped to a socio-technical framework to understand the role of processes, people, technology and the system.

Results

Barriers within each level deepen inequalities. The process-level includes provision of interpreters, modality of contact, digital exclusion, transport and childcare access. People-related include women themselves (e.g. feared consequences, service distrust), practitioners (e.g. attitudes, knowledge) and others (i.e. families, peers, interpreters). Technological

include information-sharing with women and services, and data capture. The system includes not considering PMH core business, limited partnership-working between services, representation in workforce, and narrow rules on engagement.

Conclusions

To reduce inequalities, system-level action is needed to build emotional safety for individuals and for communities through change at all levels. In midwifery, this includes positioning PMH as core business with appropriate resource allocation, onward referral pathways, and cultural competency in PMH. Closer partnership working between maternity and community organisations can facilitate this.

Key message

A whole-system approach is needed in maternity to tackle avoidable and unfair differences in the identification and management of PMH difficulties.

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The psychological impact of the COVID-19 pandemic

The psychological impact of COVID-19, resultant measures and future consequences to life will be unveiled in time.

Aim

To investigate the psychological impact of COVID-19, resultant restrictions, impact on behaviours and mental wellbeing globally. This early analysis, explores positive and adverse factors and behaviours with focus on healthcare professionals.

Methods

This is a cross-sectional survey, using a questionnaire based on published approaches to understand the psychological impact of COVID-19. The survey will be repeated at 6 months because of rapidly changing situation.

Results

We have presented results from first 3 weeks of the survey. Conclusions may change as more individuals take part over time. 7,917 participants completed the survey in the first 3 weeks; 7,271 are from the United Kingdom. 49.7% of the participants are healthcare professionals. There is high representation of female participants. Participants reporting suicidal thoughts is 32%. Healthcare professionals have reported mild depression and anxiety in higher proportions. Increasing age and female gender report higher compliance with government advice on COVID 19 whereas higher education, homeowners, key worker status, high alcohol, drug use and participants with pre-existing suicidal thoughts reported low compliance with government advice. Participants who reported suicidal thoughts pre-COVID are less likely to communicate with friends and family, or engage in coping strategies.

Conclusions

Evidence has shown an adverse psychological impact of previous pandemics on the population, especially wellbeing of healthcare professionals. Research should focus on identifying the need, preparing services and determining the factors that enhance and build resilience.

Full article can be read here:
www.ncbi.nlm.nih.gov/pmc/articles/PMC7507987/



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Survey of professionals involved in the care of young people with severe eating disorders

The number of young people requiring hospital admissions for eating disorders has risen by 41% in the past year. When compared with Pre Covid-19 pandemic figures of 2019, we see figures have risen by above two thirds. Due to the severe and complex nature of anorexia, medical intervention may be required for medical stabilization on acute inpatient wards. Due to lack of national guidance, clinical judgment underpins the decision to implement nasogastric tube feeding (NG). We have conducted a smart survey with the aim of capturing the perspectives of those involved in the decision making to NG feed a young person with restrictive eating. There were 19 responses from health professionals from York Hull and Leeds. 3 themes were identified in the analysis:

- 1: The patient journey: there are now more online therapeutic sessions but physical health care remains in person - there is a need to examine how this is perceived by the young person. Many more young people are being admitted to paediatric unit and for longer periods of time. There is a lack of resources impacting on the length of time the young person remains severely unwell and length of admission to an acute psychiatric unit.
- 2: The nutritional journey: need for NG to give nutrition has increased and the need to give NG under restraint has increased. There is a lack of understanding and knowledge of when to start and how to move away from NG feeding. The use of PPE has had an impact on modelling normal nutritional intake on wards/units and the use of PPE during NG feeding has been felt to increase the fear in the young person.

- 3: Collaborative care: online parent support and parent support groups has been well received. Professional networks using virtual meeting platforms have been helpful. Poor resources and low morale has a significant impact on the ability to be collaborative. Restrictions during the pandemic increased the feeling of separation between paediatrics and mental health.

These results have been used to inform a service evaluation of case notes exploring these areas in further detail and work with young people to gather their perspectives on the treatment they received.



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The meaning in grandiose delusions

Measure development and cohort studies in clinical psychosis and non-clinical general population groups in the UK and Ireland

Background

The content of grandiose delusions— inaccurate beliefs that one has special powers, wealth, mission, or identity is likely to be highly meaningful. The meaning, for example providing a sense of purpose, could prove to be a key factor in the delusion taking hold. We aimed to empirically define and develop measures of the experience of meaning in grandiose delusions and the sources of this meaning, and to test whether severity of grandiosity in clinical and non-clinical populations is associated with level of meaning.

Methods

We did a cross-sectional self-report questionnaire study in two cohorts: non-clinical participants aged 18 years and older, with UK or Irish nationality or residence; and patients with affective or non-affective psychosis diagnoses, aged 16 years and older, and accessing secondary care mental health services in 39 National Health Service providers in England and Wales. Participants with high grandiosity completed two large item pools: one assessing the experience of meaning in grandiose delusions (Grandiosity Meaning Measure [termed gram]) and one assessing the sources of meaning (Grandiosity Meaning Measure–Sources [termed grams]). The Grandiosity Meaning Measure and Grandiosity Meaning Measure–Sources were developed using exploratory factor analysis and confirmatory factor analysis. Structural equation modelling was used to test the associations of meaning with the severity of grandiosity. The primary outcome measure for grandiosity was the Specific Psychotic Experiences Questionnaire (grandiosity subscale) and associations were tested with the Grandiosity Meaning Measure and the Grandiosity Meaning Measure Sources.

Findings

From Aug 30, 2019, to Nov 21, 2020, 13 323 non-clinical participants were enrolled. 2821 (21%) were men and 10 134 (76%) were women, 11 974 (90%) were White, and the mean age was 39.5 years (SD 18.6 [range 18–93]). From March 22, 2021, to March 3, 2022, 798 patients with psychosis were enrolled. 475 (60%) were men and 313 (39%) were women, 614 (77%) were White, and the mean age was 43.4 years (SD 13.8 [range 16–81]). The experience of meaning in relation to grandiose delusions had three components: coherence, purpose, and significance. The sources of meaning had seven components: positive social perceptions, spirituality, overcoming adversity, confidence in self among others, greater good, supporting loved ones, and happiness. The measurement of meaning was invariant across clinical and non-clinical populations. In the clinical population, each person typically endorsed multiple meanings and sources of meaning for the grandiose delusion. Meaning in grandiose delusions was strongly associated with severity of grandiosity, explaining 53.5% of variance, and with grandiose delusion conviction explaining 27.4% of variance. Grandiosity was especially associated with sense of purpose, and grandiose delusion conviction with coherence. Similar findings were found for the non-clinical population.

Interpretation

Meaning is inherently tied to grandiose delusions. This study provides a framework for research and clinical practice to understand the different types of meaning of grandiosity. The framework is likely to have clinical use in psychological therapy to help guide patients to find sources of equivalent meaning from other areas of their lives and thereby reduce the extent to which the grandiose delusion is needed.

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PARTNERS3: Transforming Research into Policy

This study examined the set up and delivery of the PARTNERS approach to care for individuals with severe mental illness (SMI) in two systems involved in improving their community mental health care. The PARTNERS model of care includes Care Partners providing support for individuals with SMI to address social, psychological or physical health issues through a coaching approach; Care Partner roles are based in or linked to general practices, supervised by experienced mental health practitioners. The study aims were to learn more about how practitioners can adopt to this person-centred model, and what it is about systems which help or hinder its uptake.

Our approach was to support system leaders to identify suitable workers to take on the roles of Care Partner and supervisor, to provide them with training in the PARTNERS model and to work with a System Change Lead to set up further support. The training team included lived experience and practitioner advisors with an understanding of PARTNERS; the training and ongoing system level external support were valued. Most staff liked the idea of person-centred approaches, but the flexibility required in applying the model was challenging. We found several factors significantly slowed

down progress towards practitioners routinely providing PARTNERS care. These included loss of appointed staff due to COVID-19 workload pressures, research governance complications, weak links with general practices and a lack of pathways into care for people with SMI due to service re-organisation.

While the PARTNERS approach is in keeping with the values and ambitions of systems and practitioners, clearer guidance that longer-term or whole-person care needs to be provided for a significant proportion of those with SMI may be required. Alongside this, training with supervision and external support are likely to be helpful to embed these approaches.

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Hilary Lewis wins national Constance Owens Early Researcher Award 2022

This award is part of the Royal College of Occupational Therapists Annual Awards 2022. The Constance Owens Early Researcher Award “provides funding to support an individual occupational therapist participating in a service development activity or project relevant to occupational therapy, and which will have a likely impact on the outcomes for people who access occupational therapy services.”

Hilary says “I was really pleased to win this award as it provides the funding for my current research study, which is an exploration of people’s experiences of multidisciplinary treatment for persistent physical symptoms (PPS). LYPFT has several specialist teams within Liaison Psychiatry that help people with PPS (also known as medically unexplained symptoms), although in many other areas such services are hard to access.

I’m passionate about improving rehabilitative services for this client group, and particularly about exploring the role occupational therapy can play in supporting people to make changes. Research in this area is limited, so this study is a first step towards understanding how we can help people with PPS improve their activity and participation. It follows on from my HEE/NIHR Pre-doctoral Clinical Academic Fellowship, where I had protected research time to explore my ideas in this area.

“I’ve been in my clinical role for several years so carrying out research alongside my clinical practice provides me with opportunities to keep developing and learning. I have gained valuable support from academics at the University of Leeds and had the opportunity to meet experts from other specialist PPS services around the UK. ”

Well done Hilary on receiving this national award. Hilary’s passion and dedication have ensured she is contributing to the evidence base that will improve services for those she supports in her clinical role.

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In conversation with... Susan Guthrie, Advanced Practitioner, Speech and Language Therapy and CARdINAL Clinical Academic Research Fellow



In this edition of Innovation I interview Susan Guthrie. She tells me about her role in the Trust including what inspires her to have research as part of her role.

Can you tell me a bit about your role in the Trust and what does a typical day look like?

OK, so my role is split in half. So for two days a week I'm a clinical expert speech and language therapist and then the other two days the week are dedicated to my PhD study. This is a fellowship that was funded through LYPFT and the School of Healthcare, University of Leeds and they've guided me through a five-year, part time, PhD process looking at the needs of adults with mental illness and mealtime difficulties.

Can you tell me a bit more about the research element of your role?

The study started off as is usual, with a full literature review, looking at what's already known about mealtimes for inpatient wards for psychiatric patients. There's a lot of papers looking at the impact of medication on patients' swallowing. There was a real need for personal perspectives, and the literature review suggested that hadn't already been covered. My study has been

to interview patients, staff and speech and language therapists all working on inpatient wards with working age adults with mental illness. I'm looking into what happens at meal times, what difficulties are understood, what insights staff and patients have into this, and then what support there is.

What got you interested in research and how did you get into your current role?

It was a long time coming. I think. Looking back, it's taken probably the best part of 10 years. I was a clinician working with adults with families and adults with mental health for 20 years or more in a site where we have people with very complex needs. I just kept coming across the fact that as an expert clinician what I was advising didn't meet with what the patients were wanting, didn't meet what was feasible for staff and there was this disconnect. I just felt I needed to understand more. I did a masters in 2014 and that gave me a taste of research and a starting point. I also learnt about how to write for publication.

The reason for my research has always been to inform clinical practice and I've been open to all sorts of ways of sharing

my findings and sharing my research with professionals and with patient groups, as well as with submitting to peer review journals. I think it's really important that the findings are embedded back into clinical practice. That's why I do it. It's not some ivory tower exercise that means I'm set apart doing some sort of intellectual exercise. This is about making sure we're informing practice.

You are also an advisor for the Royal College. So what does that involve? And how did having the research element of your role support that?

I'd already done some work on safeguarding with them. I had to send in details of my research and that was basically evidencing the fact that I had some experience in this area. I was asked to mentor some speech language therapists who are considering expanding their interest in research. It's fairly flexible, but if there's someone who approaches our college and wanting more information about mental health and a speech therapist role, I'm obviously a point of contact with clinical experience.

How does research element of your role connect with your front facing clinical aspect?

It's absolutely key. It's about how we practice, why we do it and whether there's a better way. Looking at the mealtime experience is absolutely key before we give advice on managing a mealtime, we need to understand what it means to the patient, staff and the other people around the patient. Without the research to explore

the issues and the influencing factors my practice wouldn't be informed enough - it needs to have that understanding and that evidence base behind it.

Susan, do you want to tell me what do you think is next for you?

Longer term, I think there's going to be a need for further research in this area. We need to see how we can improve mealtimes, how we can integrate mealtimes into recovery. It shouldn't just be a "task to get through" at mealtimes, we can offer so much more.

If you are interested in finding out about different career pathways in research, please contact lypft.research@nhs.net.



Susan Guthrie
Advanced Practitioner, Speech and Language Therapy and CARdINAL Clinical Academic Research Fellow

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
HTA	Commissioned, stage 1, 04 Jan, 1pm
	Commissioned, stage 1, 25 Jan, 1pm
	Commissioned, stage 1, 29 Mar, 1pm

Funding streams:

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

For further details about funding opportunities through the NIHR, visit:

www.nihr.ac.uk/about-us/how-we-are-managed/boards-and-panels/programme-boards-and-panels/

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.

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