



Innovation

Research and Development Newsletter

July 2023 Issue 51



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by Experience for
Researchers (HEER)
member Paul Frazer

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Spreading the word,
how we all need to get
engaged

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Editorial



I went to an event recently where I heard from an inspirational speaker, gold medal winning Paralympic champion Aaron Phipps MBE. Aaron has scaled Kilimanjaro on his hands and knees for charity and has been voted in the top 100 most influential people in the UK with a disability. Aaron explained that instead of viewing his disability as a barrier to the things he wanted to achieve in life, he felt it allowed him to achieve things he wouldn't have otherwise done. And Aaron has done some amazing things, which you can read more about here (www.aaronphipps.com) if you want to be further inspired!

We sometimes look for barriers and reasons not to do things rather than seeking ways to achieve what we want, because it often makes life easier. Research is often described as something, 'over there' that I can't quite reach. Something we aspire to do but perhaps lack the confidence, time or opportunity to get to it. For me, writing this editorial is not something within my comfort zone. I'm much more familiar with a scientific or report writing style but with encouragement and advice from others, here I am, stretching myself to do something unfamiliar and perhaps a little scary.

I'd like encourage all of us to channel our inner Aaron and think about what we can do and take those first small steps. Research, really is for all, and there is something that everyone can do irrespective of your role or seniority within the Trust. Innovation is your magazine and will hopefully inspire you to be curious, seek out opportunities and sweep away barriers and the R&D Team are here to help you.

In this edition we hear from Shaun Bell and his journey into research. Shaun talks about some of the barriers he has faced and how he managed to overcome these. We also consider the importance of engagement and how we as a department are re connecting with our key stakeholders. This article also includes some small steps you can take to engage in research yourself.

In Aaron's talk he thanked the research community for creating the advances needed to save his life when he contracted meningitis at 15. By contributing to research, we all play a part in actively shaping the future of mental health care and we will change lives.

If you want to ensure you always receive Innovation please email lypft.research@nhs.net to be added to our distribution list. We also welcome feedback on this new look Innovation.

Sarah Cooper,
Head of Research and Development,
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I-SOCIALISE:

Results from a cluster randomised controlled trial investigating the social competence and isolation of children with autism taking part in LEGO® based therapy ('Play Brick Therapy') clubs in school environments.

Autism is characterised by keen interests and differences in social interactions and communication. Activities that help autistic children and young people with social skills are commonly used in UK schools. LEGO® based therapy is a new activity that provides interesting and fun social opportunities for children and young people and involves building LEGO® models together. This study looked at LEGO® based therapy for the social skills of autistic children and young people in schools. It was a randomised controlled trial, meaning each school was randomly chosen (like flipping a coin) to either run LEGO® based therapy groups in school over 12 weeks and have usual support from school or other professionals, or only have usual support from school or other professionals. The effect of the LEGO® based therapy groups was measured by asking children and young people, their parents/guardians, and a teacher at school in both arms of the study to complete some questionnaires. The main objective was to see if the teacher's questionnaire answers about the children and young people's social skills changed between their first and second completions. The social skills of participants in the LEGO® based therapy groups were found to have improved in a small way when compared to usual support only. The study also found that LEGO® based therapy was not very costly for schools to run and parents/guardians and teachers said they thought it was good for their children and young people. We suggest further research into different potential benefits of LEGO® based therapy.

Ellen Kingsley, COMIC research at LYPFT
e.kingsley@nhs.net

Other researchers

Barry Wright, Han-I- Wang, David Marshall, Danielle Varley, Steve Parrott, Shehzad Ali, and Simon Gilbody, University of York; Roshanak Nekooi, LYPFT; Cindy Cooper, Katie Biggs, Matthew Bursnall, and Tim Chater, Elizabeth Coates, Kirsty McKendrick, Amy Barr, Kiera Solaiman, and Anna Packham, CRN University of Sheffield; M Dawn Teare and Ann Le Couteur, Newcastle University; and Gina Gomez de la Cuesta, Play Included C.I.C.

Want to learn more about this study...

Watch this short video...

<https://vimeo.com/549224332>

Read the full results paper...

<https://journals.sagepub.com/doi/10.1177/13623613231159699>



diamonds.



Improving diabetes self-management for people with severe mental illness

This trial aims to investigate the clinical and cost-effectiveness of the DIAMONDS intervention for people with serious mental illness.

- ❖ The DIAMONDS intervention is a tailored, support programme to help people with type 2 diabetes and SMI self-manage diabetes.
- ❖ The trial is funded by the National Institute for Health and Care Research (RP-PG-1016-20003); it is sponsored and managed by the University of York.

Inclusion criteria

- Aged ≥18 years
- SMI (schizophrenia, bipolar disorder, schizoaffective disorder, psychosis, severe depression)
- Type 2 diabetes (insulin and non-insulin treated)

Exclusion criteria

- Cognitive impairments
- Gestational diabetes, type 1 diabetes, diabetes due to genetic defect or secondary to pancreatitis or endocrine conditions
- Lack of capacity
- Inpatients

To receive more information or discuss a potentially suitable patient please contact:

- Dr Prakash Hosalli on 0113 8556152; prakash.hosalli@nhs.net
- Lisa Hackney on 07980 956795; lisa.hackney1@nhs.net

DIAMONDS RCT Staff Clinic Poster
IRAS Reference: 316173
RP-PG Reference: 1016-20003

V1.0 07.09.2022
REC Reference: 22/WS/0117
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The future of ECG monitoring can psychiatry take the 'lead'?

Electrocardiogram (ECG) monitoring is an essential part of safe prescribing in psychiatry, especially when a patient is admitted to an acute in-patient ward in England. Any psychiatrist who has worked on such a ward will appreciate the challenges that come with completing this 'simple' investigation.

Despite it being almost 100 years since Willem Einthoven was awarded the Nobel prize 'for the discovery of the mechanism of the electrocardiogram' and almost 70 years since the American Heart Association published their recommendation for standardisation of 12-lead electrocardiogram, there have been few recent practical changes in the way ECGs are obtained in UK clinical practice.

Although 12-lead ECG machines have become smaller and more advanced, patients are still required to expose their chests; allow for all ten physical leads to be attached, often using uncomfortable or irritating stickers and clips; and lie still for several seconds while a reading is taken.

We recently completed a regional service evaluation across Yorkshire and the Humber examining ECG compliance on adult, older adult and forensic wards. Our data, gathered from 529 patients across 25 wards, demonstrated that only 82% (n=432) of patients had an ECG at any point during admission, of which only 63% (n=272) were completed in 24 h. Concerningly, among the patients taking antipsychotics (n=378), these numbers were lower—80% (n=303) and 50% (n=188), respectively.

Qualitative analysis of results demonstrated that the most common reasons for not having an ECG completed were 'patient-related factors'. Where a specific reason was given, the most common were 'aggressive, agitated, anxious, paranoid' (159 of 257; 62%). ECGs can appear threatening and intrusive; clothes on the upper body need to be removed, body hair may need to be shaved and the chest leads can look frightening. When someone is already distressed, this fear is likely to be

exaggerated. Anxiety, past physical and sexual abuse, or gender identity concerns may further exacerbate this.

ECG monitoring in psychiatry is safety driven and exists because antipsychotics (particularly at high doses),¹ some antidepressants and methadone can predispose to life-threatening heart arrhythmias.^{2,3} Examples include QTc prolongation, PR interval prolongation and, in extremis, torsade de pointes.¹ ECGs should be conducted as soon after admission as possible, preferably within the first 24 h.⁴ Our results show that patients are therefore at risk of potentially fatal side-effects, and prescribers fall short of evidence-based and guideline-directed practice.^{1–4}

Improving compliance with ECG monitoring, particularly in those prescribed pro-arrhythmic drugs, is a patient safety priority. Educating patients and mental health professionals about the need for ECGs is important, but reducing the intrusiveness and increasing the accessibility of ECG monitoring is called for.

Technological advancements are being embraced in other areas of psychiatric practice; why not extend this to ECG monitoring? The advent of handheld ECG machines could be a solution to ensure all patients receive high-quality safe healthcare. These devices are yet to be approved in the UK for measuring QTc, but early validation work seems positive.⁵

Jack Mumford, LYPFT jack.mumford@nhs.net and **Eimear Devlin, Humber Teaching Foundation Trust**

Other researcher
George Crowther, LYPFT.



Listening to and Believing Derogatory and Threatening Voices: Hearing Nasty Voices study

Background and hypothesis

A plausible cause of distress for voice hearers is listening to and believing the threats and criticisms heard. Qualitative research indicates that patients have understandable reasons to listen. This study aimed to develop the understanding of distress using this listening and believing framework. Measures were developed of listening and believing voices and the reasons, and associations with distress tested.

Study design

A cross-sectional study of patients hearing derogatory and threatening voices (N = 591). Listening and Believing—Assessment and Listening and Believing—Reasons item pools were completed, and assessments of distress. Exploratory and confirmatory factor analyses and structural equation modeling (SEM) were conducted.

Study results

52% (n = 307) of participants believed their voices most or all the time. Listening and believing had 4 factors: active listening, passive listening, believing, and disregarding. Higher levels of believing, active listening, and particularly passive listening were associated with higher levels of anxiety, depression, and voice distress. Reasons for listening and believing formed 7 factors: to better understand the threat; being too worn down to resist; to learn something insightful; being alone with time to listen; voices trying to capture attention; voices sounding like real people; and voices sounding like known people. Each type of reason was associated with active listening, passive listening, and believing. SEM showed that feeling worn down in particular accounted for listening and believing. Test-retest reliability of measures was excellent.

Conclusions

A framework of listening and believing negative voices has the potential to inform the understanding and treatment of voice distress.

Researchers

Bryony Sheaves, Louise Johns, Bao S Loe, Emily Bold, Emma Cernis, The McPin Hearing Voices Lived Experience Advisory Panel, Andrew Molodyski, Daniel Freeman

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Want to know more...

Then read the full published article...
<https://academic.oup.com/schizophreniabulletin/article/49/1/151/6659785>

You might also like this short film on coping with voices: being with people...
<https://www.youtube.com/watch?v=C8ndR1Umj5A&t=104s>



Meet the HEER group:

Paul Fraser



The Help from Experts by Experience for Researchers (HEER) group has been part of LYPFT's service user centric approach to research for a while. It provides the vital lived and learnt experience input into research, evaluation projects and funding bids. Service User participation in research enables a relevant perspective and improves quality of research by ensuring it is tailored and appropriate to our community. The HEER group can help researchers shape design, improve recruitment and review the appropriateness of methods and language. So why have we never shared experiences of it on our website? Well, now we are and we're starting with one of our members, Paul Fraser, who has not only been the co-chair of the SUN (Service User Network) and worked with the Recovery College and with Leeds Involving People, but also manages to find the time to be an active member of the HEER group.

Tell us about the HEER Group, what is it really?

It's a small friendly group that meets every month and we're all service users and carers (or have been). We've had different walks of lived experience of Mental Health Services in Leeds and we share that experience every month in a therapeutic and friendly environment. We all get involved with different studies that the University or the trusts or anyone who's doing any research in to Mental Health across the country, they can come to our meetings and give presentations. We have discussions and we ask them questions about what the study is and what they're doing and what could maybe be changed or improved. We're giving our experience and talking on behalf of others as a role model and sharing it in a therapeutic environment. Different studies that we've been

involved with include dementia, about anxiety and depression, eating disorders, cardiovascular and heart problems with medications. We're looking at long-term side effects, diabetes, weight gain from medication, different medication for different illnesses.

It's just like an umbrella of different services/ studies that are going on. We always get a chance to represent other service users as well on the meetings; be their voice.

How long have you been a member of the HEER group?

At least six or seven years now. I've been coming before lockdown when we used to meet face to face at the Becklin centre and I've been coming to zoom meetings ever since. I like to go, it keeps me active and busy and I feel valued. I contribute towards the discussions, and it keeps me well.

I've been coming quite a long time; I try to encourage other people to come as well and try to get fresh ideas to move forward. I joined the group because I wanted to have a say in what goes on in research and how to improve services. I've been through the entire mental health system and it's been very daunting and traumatic, being in hospital, not knowing when I'm getting out. I'd like to help people with the studies by being a role model and helping to talk on behalf of others that can't speak up for themselves.

Do you think there's one study subject that the HEER hasn't seen yet?

An area that I'd like to see is a study about people with schizophrenia/bipolar; they

don't live as long as a "normal" population. Life expectancy is shorter than the "normal" population and I want some research going into that. I'm also really interested in personality disorders; I feel like people with personality disorders are put to the side. I'd like to see more research into interventions and effects of medication.

Another topic we need to be looking at is getting more service users involved from diverse backgrounds and underrepresented communities.

What future question would you like answered by someone in a future article?

It would be great if someone from the HEER Group could share their life story, where they are now and what they've been through in the past. Have they been through a traumatic time and has sharing their lived experience helped them improve? Instead of bottling it all up share it in a friendly environment (like the HEER Group). We should just value everybody's opinions and show respect.

Finally (this question may be due to our Patient Research Ambassador being nearly as passionate about cake as she is research, but not quite), what is your favourite cake?

When I've been in hospital, the NHS did a lovely pudding that I used to love - chocolate cake and hot chocolate sauce. I also liked the pink custard and Violette. It's not really cake but good. And Black Forest gateau....you never see it now.....

We end this article staring wistfully back with Paul at the great selection of desserts in the 80s but let's bring you back to 2023, mental health research and the HEER group. If you are interested in getting into research at LYPFT, either as a researcher or a service user, please visit <https://www.leedsandyorkpft.nhs.uk/research/>. If there are questions that you would like to ask the HEER group, please include in the comments below – you may see your question in our next news article. Thank you to Paul for sharing his time and for being a valued member of the Help from Experts by Experience for Researchers group.

Staff and Service Users Views on Digital Health Tools in Psychosis

PARTICIPANTS REQUIRED

- Are you over 18?
- Are you a healthcare professional who works with individuals with psychosis or schizophrenia?

We want to hear your views about using digital health tools in mental health.

Please complete the short, anonymous survey here:
https://www.qualtrics.manchester.ac.uk/jfe/form/SV_3IZM3zC6bmy7Lmu

You will have the opportunity to enter into a prize draw.

If you have any enquires please see the website above or contact **Dr Daniela Di Basilio**
(daniela.dibasilio@manchester.ac.uk)



ARE YOU A WOMEN (CIS OR TRANS) OR PERSON ASSIGNED FEMALE AT BIRTH* WHO HAS A DIAGNOSIS OF BORDERLINE / EMOTIONALLY UNSTABLE PERSONALITY DISORDER?

kirsten.barnicot@city.ac.uk
07341467802

Take part in our ground-breaking new study and help us improve understanding and diagnosis!

Getting the right diagnosis for you is an important part of being able to understand yourself and your experiences. But sometimes one diagnosis can look similar to another and it can be difficult to tell them apart. In particular, the similarities and differences between autism and the diagnosis known as 'personality disorder' can be confusing and are currently not clear. We now looking for people to help with our third study on this topic, to try to clear up this confusion and improve understanding and diagnosis.

Study 3. To help us better understand the similarities and differences between autism and personality disorder in women (cis or trans) or people assigned female at birth, we would like you to complete some questionnaires about your emotions, social interactions, identity, thinking and behaviour.

It will take 60-90 minutes and you will receive a £25 voucher as a thank you for taking part. We are looking for people who have been given a diagnosis of personality disorder or are diagnosed with autism or Asperger's. We will also include a smaller number of people who fit into both groups.



For more information please scan QR code or go to the study website:<https://tinyurl.com/IRAPSTART3>

*Including cis and trans women, non-binary folk and people assigned female at birth

In conversation with...

Shaun Bell

Shaun was a Heathy Living Adviser in the Forensic service for over 20 years, he has just started a role as a Research Assistant with the Research Department at the Trust as well as being a Senior Coach for the Diamonds study one day a week. In this article Shaun tells us about his journey into research and how research really is for everyone.

Can you tell me a bit about your career to date?

I've worked in mental health services for 20 years, a lot of that time was spent working as a healthy living advisor with forensic inpatient services.

How did you get involved in research?

About 10 years ago I was developing interventions of my own for my role and this led me to look at other people's research, specifically around things like behavioural change. I read lots of research papers. At the time I saw a Trustwide email looking for people for a research project called Stepwise programme. The Stepwise intervention was looking at weight management for people with severe mental illness who were taking antipsychotics. It was pertinent to my role because a lot of my role was things like weight management and helping people deal with the side effects of psychotics. I thought it was a really good way of gaining new skills and a good education for myself. But it was also a nice opportunity to do something a little bit different. I started working as an interventionist. I supported the Step Programme for the whole length of the two years of the trial.

And how did you fit that interventionist role into your clinical role?

It was so much time per working week but there was a lot more work than you think and some people dropped out but I really enjoyed doing it so I kept with it. I mean, I had my managers approval to do this because it was pertinent to my role. It wasn't like it was doing something completely different to my role. It was acquiring skills that I could use within my role. So yeah, it was hard work but it was definitely worth it.

And then what happened?

At the moment I'm working on a couple of projects, I've got the Diamonds [randomised control trial] study, which is for people with SMI (severe mental illness) and diabetes and the Spaces which is physical activity intervention for people with SMI. I worked on the Diamonds feasibility study whilst I was still in my role in forensic services last year. And then when the feasibility study ended and it became the full trial I became employed by York University one day a week as a Senior Diamonds Coach. I'm doing some of the interventionists work but I'm also doing mentoring for the other newer coaches who haven't done it before because I know the intervention really well.

What have you learnt from being a research Interventionist?

I've definitely learnt a lot of new knowledge from being an interventionist. As much as you are knowledgeable in your field, you don't know everything. Just reading a different approach to do with trying to help people stop smoking you think? Oh actually that's a really good way of doing it. Research is really valuable

for picking up different ways of working that you might not think of yourself even if you're an expert in your field.

It opens up a new perspective and especially when you've been in a role for a long, long time you become sort of like almost automatic in the way you work. You just think I do this, this, this and this and this and they don't always work, especially with behaviour change. New approaches identified through research can really open up a new way of working and sometimes a better way of working. If I find something useful, I just e-mail people and say 'have a look at this, could be really useful.'

And what do you feel you enjoy most about the research aspect of the role that you've had?

I enjoy the difference, the very varied sort of nature of it. I've learnt lots of new things. I've learnt lots of new skills just doing different things has been really interesting. It reinvigorated me a little bit, I feel I it definitely has energised me.

What do you think of the biggest challenges you faced?

It's taking yourself out of your comfort zone and actually doing something different. You're not always doing the same thing with research, you could be working on a research project then start working on something completely different. That's the biggest challenge that you've got to acquire new skills all the time but although it's the challenge, perhaps it's also the appeal as well!

Research is accessible to everybody and it's a great way of learning. You acquire all these new skills and it opens new doors, which it has done for me. It can give you a pathway into a different role.



How have you managed to integrate being a research interventionist into your clinical role?

I went to my manager originally and said I'd like to be an interventionist. I was the only person doing my role across the whole of the clinic of the whole of the forensic services. I had to cover three different clinical areas all on my own. Initially, they went, have you really got the time to do this?

But if I think I can do an aspect of my job a better way, it's not as simple as just saying, right, I'm going to do it this way now because you can't just change your way of working or practices just because you think it might be a better way. And that's what research does. It looks at ways that we can work better, and that's how we improve a service, how we improve as clinicians. Yes, it might take a little bit of time out of your role, which might stretch your time, everybody's time is stretched but I think the benefits outweigh the negatives. Sometimes we need to look at the bigger picture, the longer picture.

What will be your message to anyone else that wants to get involved in research?

Doing research you're going to improve as a clinician because you're going to learn new skills. You're going to improve your service because research is how we improve our services and start new practices. Research is how we change things and it's improving the quality of the service that we offer. Research is how we improve as clinicians and how we improve the service.

Spreading the word how we all need to get engaged



Engagement is central to high quality research. It's something we do every day in our roles. Research by its nature is collaborative and we need to engage with a wide range of stakeholders in a variety of different ways. We need to consider who our audience is and why we need them to engage with us. As a department we do this in lots of different ways but as the ability to meet physically becomes a possibility again, we have been going out and about.

In February we held two events for participants of research.

On Wednesday 15th February 2022 the Research and Development Department were proud to host our first Research Beg Thank You event. The event provided the opportunity for service users, family and friends and carers to learn not only about research opportunities but also to engage with third sector services from across the city. We also wanted to promote the Trust's HEER Group. Help from Experts by Experience for Researchers (HEER) group is a well-established service user research group supporting researchers to develop their research with a patient-centred focus. For more information about HEER visit: <https://www.leedsandyorkpft.nhs.uk/research/for-service-users-and-carers/help-from-experts-by-experience-for-researchers/>

We also hosted an event at York Leisure Centre that showcased some of the research we do with children and young people. We were based in the entrance of the leisure centre and had children involved in a variety of activities from yoga to virtual reality. There was also there were also examples of Play Brick Therapy using LEGO® bricks and nature-based crafts. There was a competition to design a logo for a new study, see the new DIVERT logo below. It was great to get out and about meeting

people and seeing children and their families so interested in learning about research.

In March we held our annual Research Forum for staff and collaborators. This gives staff and our collaborators an opportunity to hear about what research is happening in the Trust and some of the outputs of that research.

"The research presented is very relevant to current challenges we face as a Trust and is helping us solve real problems for our organisation." - Chris Hosker Medical Director

One delegate said "The presenters were wonderful, well engaging and interesting topically. It was great to hear so much inclusion around the event. It was well organised and in a lovely scenic venue with lots of space to mingle and take breaks when needed. It's my first professional conference in my current role and it wasn't intimidating at all which is lovely - really welcoming and friendly atmosphere"

Another delegates said, "Before yesterday's forum, I didn't know there are so many research projects going on within the trust. I would like to know more opportunities for trainee doctors to get involved in some of these projects."

Find out about some of the research discussed in the links below.

Co-design of nature-based intervention for children with ADHD

Intervention to support those with SMI to manage their diabetes

<https://www.york.ac.uk/healthsciences/research/mental-health/projects/diamonds/>

More information about the forum can be found on our website.

<https://www.leedsandyorkpft.nhs.uk/research/about-us/research-forum/research-forum-2023/>

We always aim to make the Forum accessible to all, and it isn't just for staff who are directly involved in research. The Research Forum will be held on 14 March 2024. Get the date in your diary and come and learn about the latest evidence and reflect on how it can impact on your practice.

The ability to reconnect with stakeholders and in person has allowed us to get more insight into their needs so we can serve them better going forward. A consistent message we get, and is shown in the literature, is the fact that service users want to know about research opportunities that are available to them. If you work with service users who would like to find out about getting involved in research there are simple things you can do.

1) Know what research is happening in your clinical area

We have study summaries on our website: www.leedsandyorkpft.nhs.uk/research/ (open research projects) which you can filter by service area

2) Understand which service users will be suitable for the studies you are offering

The Principal Investigator for the study will often be a clinician within your clinical area. They will be familiar with the study and can share information about who will be suitable. They will be named on the study summary sheet above.

3) Refer appropriate service users into studies

Find out who you can refer service users to for active studies, giving them the opportunity to take part! Ask the Principal Investigator or contact the RD link R&D contact on the study summaries sheet.

To received updates about research in LYPFT please email research.lypft@nhs.net



ARE YOU...

- ✓ AGED 16+
- ✓ LIVING IN ENGLAND
- ✓ EVER HAD CLINICAL OR SERIOUS ANXIETY AND/OR DEPRESSION



WE HOPE



PEOPLE WILL TAKE PART

PATIENTS WITH BIPOLAR DISORDER, BDD, OCD, OR RELATED DISORDERS ARE WELCOME TO JOIN

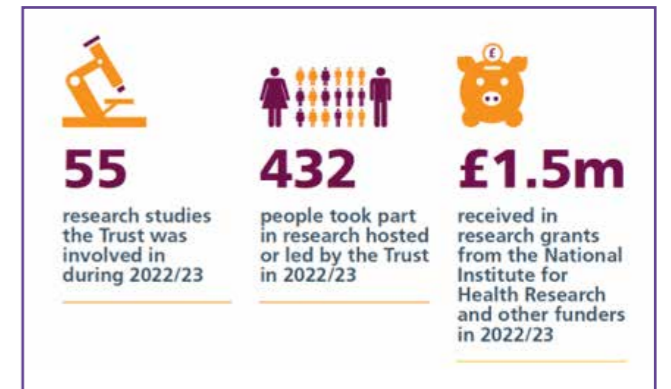
TELL A FRIEND OR SIGN UP TODAY AT WWW.GLADSTUDY.ORG.UK

News Bites

Research Activity

The number of patients receiving NHS services provided or subcontracted by LYPFT in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was 432. Participants were a combination of service users, carers and staff.

The Trust was involved in 55 research studies and received £1.5M grant income during 2022/23.



New Staff biographies



I'm Denise Taj and I'm a Research Programme Manager covering Wendy's maternity leave until the end of October 2023. My role involves increasing awareness of and engagement in Mental Health research across the Trust and beyond. I will be presenting at Preceptorship Day and at Universities to engage newly qualified staff and students in research placements and activities. I'm working collaboratively to roll out and evaluate the Hybrid clinical research placement model for undergraduate nurses in England piloted in Leeds as well as developing a similar model for Allied Health Professionals. To find out more about Research opportunities, please contact me on: denise.taj@nhs.net or 07980958438.

Hello my name is Chelsey. I joined the Research and Development team as a Research Assistant at the start of this year. Since starting this role, I have been involved with Diamonds, a randomised control trial investigating improving diabetes self-management for individuals with mental health difficulties. I completed my Psychology degree at the University of Leeds. Since graduating, I have worked as an Assistant Psychologist in different settings, including an adult inpatient mental health service and a paediatric neuropsychology service. I am committed to improving knowledge and services through research and look forward to supporting the delivery of various studies across the trust. You can contact me at chelsey.holford@nhs.net.



News Bites

New Staff biographies continued



I'm Becca Smith and I joined LYPFT as a Clinical Studies Officer in April 2023 after spending four years at Leeds Teaching Hospitals Trust. I started working at St James' Hospital after completing a Masters by Research, and progressed to become a Senior Clinical Trials Assistant specialising in Radiotherapy Clinical Trials. In 2022, I completed the Academy for Healthcare Sciences accreditation process to become one of the first Registered Clinical Research Practitioners in Yorkshire. I am currently supporting the set-up of two new studies whilst finding my feet in the R&D team, and getting to grips with a new research area. You can contact me at rebecca.smith179@nhs.net.



My name is Elizabeth Frost however many people call me Libby. I moved to Leeds in 2016 for University and have stayed here ever since. I recently started this new role as a Research Assistant in April and I am currently supporting two studies, Continuing Compassion in Care (CCIC) and Supporting Physical Activity through Co-production in people with Severe Mental Illness (SPACES). You can contact me at elizabeth.frost6@nhs.net.

Funding & Academic Training

Course Name	Date	Details
Development and Skills Enhancement Award	Allows gaining of specific skill or experiences at post-doctoral level - Launches September	https://www.nihr.ac.uk/explore-nihr/academy-programmes/fellowship-programme.htm
Doctoral Fellowship	Launches October	
Advanced Fellowship	Launches October	
Integrated Clinical Academic Programme Internship Scheme	NIHR Internships for non-medical staff without a masters or PhD run by Sheffield Hallam University	https://www.shu.ac.uk/study-here/options/health-and-social-care/integrated-clinical-academic-programme-internship-scheme

Training

Course Name	Comments	Find out more:
★ Public Involvement in Research	This course is aimed at researchers but also suitable for patients and the public (citizens). Over four weeks you will learn how patients and the public can be involved across the research cycle. This ranges from identifying research topics important to patients, through to disseminating important findings to community groups. In this course you will learn practical tips and hear about inspiring real-life examples. <i>"I would definitely recommend it. It gives you a good overview of the different levels of participation and what these can look like at each stage of the research process. It also provides really helpful exercises to support you to!"</i>	imperial.ac.uk/patient-experience-research-centre/ppi/ppi-training/
★ A guide to starting out in clinical academic research	10 free, short films offering advice and tips on engaging in research and/or pursuing a clinical academic career produced by the University of Southampton, NIHR ARC Wessex and University Hospital Southampton NHS Foundation Trust.	www.vimeo.com/showcase/9710034
Improving Healthcare Through Clinical Research	Free online learning course by the University of Leeds via Future Learn.	futurelearn.com/courses/clinical-research
Good Clinical Practice (GCP)	Free course by the NIHR, recommended to everyone involved in research.	nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm

Library Training (Accessible and Bookable under <https://www.leedslibraries.nhs.uk/courses/>)

Course Name	Date	Details
Health Literacy Awareness	08th August 2023*	Empower people to make more informed decision about their health through our health literacy awareness sessions.
Searching Skills	10th August 2023*	This course provides the skills required to plan and carry out an effective search for published research evidence using healthcare databases.
Getting the Best Out of OpenAthens	15th August 2023*	Discover and explore resources that are accessible with NHS OpenAthens, including NHS Knowledge & Library Hub, ebooks and electronic journals.
NHS Knowledge & Library Hub	21st August 2023*	This course gives an overview of the NHS Knowledge and Library Hub. It will show how to access it, explore some of the key resources, and demonstrate basic and advanced searching.
★ Writing for publication	14th September 2023 (Date not yet included on library website)	A newly updated workshop delivered by LYPFT's library and knowledge service and the R&D team. This course focuses on all aspects of writing a manuscript and publishing a paper; from the early planning stages and how to actually go about writing a paper to identifying suitable journals, submitting the manuscript and how to address reviewers comments. Early booking advised under: https://www.smartsurvey.co.uk/s/A4USZX/
Critical Appraisal - A Beginner's Guide	27th September 2023*	This course focuses on why it is important to appraise journal articles, how to go about doing this and how to get further help.

*More dates are available, please see website above for further information.

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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