



# Innovation

Research and Development Newsletter

January 2024 Issue 52



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# Editorial



This year the NHS celebrated its 75th birthday. This made me reflect on all the research and innovation that has happened within that

time. Research is what drives the NHS forward and creates change, if we look back

over 75 years that change is staggering. I'll start with a personal story. My Mum was born in 1948, the year the NHS started. She has an eye condition called Keratoconus which is an eye condition where the cornea is distorted and often contact lenses are needed to correct vision. My Mum was lucky to have early contact lenses fitted in the 1970's at the Moorfield hospital. These corrected her vision and allowed her to go on to be a teacher and then a Headteacher. Without the invention of contact lenses her life would have been very different as she has very poor vision without them.

But what about the changes in mental health care. And what research are we doing now that will become the future of healthcare. I've picked three to share with you. Cognitive Behaviour Therapy or CBT was developed in the 1960's by an American Aaron Beck. CBT is a talking therapy that can help the way you manage your problems by changing the way you think and behave. CBT is still widely used within the NHS and in 21/22 there were 1.8 million referrals to talking therapies including CBT. And today we are still using CBT in research to find even better ways of treating people. We are currently contributing to a study called Freshstart that is providing talking therapies to people who present at A&E with repeated self-harm.

The first anti-depressants, Tricyclics were developed in the 1950's. since then several new

options have come onto the market. Recently, research has shown promise for the use of psychedelics for depression. As a Trust we have supported phase 1 trials of psychedelics by providing staff to a Leeds based specialists phase 1 unit. Further later stage trials are likely to be coming up.

Finally, over the last 75 years the technology we use has changed completely. This has not only changed the way we work within the NHS but also influenced the treatments we offer. We have recently been part of a group who have developed a virtual reality game for children with autism and sound sensitivity. We are also in the early stages of some research on simulated wards for Dementia that creates a virtual ward where we can change parameters and predict the future.

As we look forward to another 75 years of the NHS, the research we are doing now gives us a window into the future of healthcare. If you are interested in finding out more about the benefit of being involved in research as an organisation, and how as a manager you can support your staff to be involved you can now access a course on Learn 'The Future of Mental Healthcare'. Login to Learn to find out more.

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# MAGNET: Medicines self-management dementia



Help improve medicines management for people living with dementia  
Get involved in the MAGNET project

Many people with dementia live with other health conditions requiring them to take multiple medications.

People with dementia may find it difficult to manage medicines. Problems include: taking incorrect doses of medicines and difficulties getting medicines.

**This project aims** to develop and test a programme to improve medicines management for people with dementia living at home and their family carers.

The programme will promote active patient and carer involvement, enhancing knowledge and skills in medicines management.

**Your contribution** to the study will help us to potentially improve the quality of life and health of people living with dementia and family carers.

We would like to speak to:

- **People living at home with mild-moderate dementia on two or more medicines**
- **Family carers of the above**
- **Community health and social care professionals involved in medicines management with people living with dementia**

Participation is voluntary.

If you choose to get involved, you can change your mind at any time and opt out of further involvement. To opt out just contact Elizabeth Travis (details given below)



Interested in taking part?  
For more information on the study please contact:

**Elizabeth Travis**  
Research Fellow, Room M24, Richmond Building,  
University of Bradford, Richmond Rd, Bradford.  
BD7 1DP



elizabeth.travis@bthft.nhs.uk  
07903 522449

This study/project is funded by the NIHR [The MAGNET Study - IRAS Project ID: 320482. V1 30.03.23].

UNIVERSITY of  
BRADFORD

NHS  
Bradford Teaching Hospitals  
NHS Foundation Trust

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Meri Yaadain CIC  
BAME Dementia

Affinity Care

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NIHR | National Institute for  
Health and Care Research

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# Food Insecurity in Adults with Severe Mental Illness (SMI)

## What do we know already about the subject?

- Food insecurity means that a person doesn't have enough money to make sure they always have enough food to meet their dietary, nutritional, and social needs.
- Food insecurity can lead to a range of additional health problems.
- People living with a mental illness are more likely to experience food insecurity than people without mental illness.

## What did this study involve?

- We carried out a survey of 135 adults with Severe Mental Illness (Schizophrenia, Bipolar Disorder, Schizoaffective Disorder or Psychosis) living in Northern England.
- We asked about their experiences of food insecurity.
- Peer Researchers (who were people with Severe Mental Illness themselves) then carried out 13 individual interviews asking people about their experiences of food insecurity and how to improve this.
- Researchers looked at the results and made recommendations based on these.

## What the paper adds to existing knowledge?

- Just over half of adults with Severe Mental Illness in this study had food insecurity (50.4%).
- There were differences in food insecurity based on location, mental health diagnosis, and number of children in a household.
- People with Severe Mental Illness told us that food insecurity is a long-standing issue. They told us about the impact of unemployment,

the cost-of-living crisis and fuel poverty on food insecurity. They also described the difficulties they had using food banks such as transport, stigma, and the poor selection of food available.

## What does this mean in practice?

- Future research should look at actions that can be done to improve food insecurity for people with Severe Mental Illness.
- Barriers to healthy food access should be looked into. This might include taking food parcels to people's homes, better quality food in food banks, and tackling the stigma surrounding food banks.
- The causes of food insecurity should also be considered.

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# Delivering a young person advisory network for mental health research

COMIC is the Child Orientated Mental Health Innovation Collaborative, part of the Research and Development department at Leeds and York NHS Partnership Foundation Trust (LYPFT). Our ethos is to develop research for young people, by young people by working in collaboration with children and their families. A key part of this collaboration is run through our Young People's Advisory Network (YPAN) which allows us to co-produce all our work by collaborating with community groups, clinical staff, academics and external partners across Yorkshire. The network is structured around four key aims: To improve the quality of our research and PPI (patient and public involvement), actively involve young people, to improve the inclusion and diversity of our work and to produce sustainable engagement.

The network operates through two main workstreams, the first focusing on young people's involvement by working with existing community groups, schools, and colleges. And the second looking at professional involvement and how to collaborate with different organisations. This includes, study development, study evaluations, PPI panel recruitment, study recruitment, dissemination and more. By involving young people and those with lived experience at every stage of study development, we can ensure young people are



at the heart of the work we do and have a real influence over decisions that impact them.

COMIC asked young people and professionals in the (YPAN) for feedback on their experiences collaborating with COMIC over the past year.

*"I've worked with COMIC over the last 2 summers and have helped them out with various tasks, such as making posters and literature reviews. There has always been something for me to do and I've developed lots of transferable skills. In addition, everyone on the team has been so welcoming to me from the start and I have always felt included and valued. Overall, I really enjoy being a part of COMIC and I believe that the research they conduct is really valuable."*

**Hannah, network member / student intern**

*“The COMIC YPAN will provide a voice to and improve the connection between different groups. It is important that the YPAN is influenced by the people who it is designed to help, such as the young people and their parents or carers.*

*The idea of the COMIC YPAN has long term sustainability. By working this young people, it will give an insight into their changing needs as a way of providing effective help. This allows the network to remain relevant which is essential when dealing with modern, ever-changing issues that young people face.”*

**Izzy, network member**



Through key connections within the network, COMIC has hosted two PPI methodology events which have allowed young people to have a direct input into the methods professionals are using. Through these events we have established a network of professionals which spreads across Yorkshire, Humber and up into the Northeast of England and Scotland. By collaborating across regions with such a range of expertise we can share knowledge and improve practice across research fields.

Over the past year, COMIC has collaborated closely with Children and Young People’s Empowerment Project (Chillypep). This partnership has been invaluable to the research process, allowing us to effectively co-produce multiple research studies and develop new project ideas.

From the work we have done it is clear there is a huge appetite for the use of co-production and PPI. To ensure we are working with young people effectively we must put their expertise and lived experience at the forefront of the work we conduct. By collaborating with young people in accessible and understandable ways we can improve practice and share knowledge of how co-production with young people can be done positively. The network aims to continue collaborating with professionals, young people and those in the community to establish a financially viable and sustainable form of PPI by putting young people at the heart of our work. To those who wish to work with COMIC and be part of the network itself, please contact Agnes Wood ([agnes.wood2@nhs.net](mailto:agnes.wood2@nhs.net)).

*“I can really see how the voice and influence work links together and I’ve been able to get to know other services more. I’ve also had an opportunity to co-present regionally in Leeds with the COMIC NHS Research team. At this event lots of professionals came to speak to me around voice and influence work and I felt confident in understanding participation work to converse around this. It felt good to know that other services and professionals regionally also really did care about our voices as young people. By being involved in all the different projects, it’s overall improved my wellbeing and mental health as I feel heard, understood and recognised. It’s also helped by showing me I am wanted in social spaces by my peers and that my opinion is valued”.*

**Cohen, Barnsley Young Commissioner**

*“As well as strengthening our connections across both our networks of other participation and mental health structures and systems that help influence change for young people, and the services and support they access.*

*It has been really rewarding working with COMIC over the last few months. Every group session where Agnes from COMIC has attended has been creative and engaging and our young people have consistently fed back about how much they’ve enjoyed their involvement with the network. It has also opened opportunities for our young people to attend research conferences, something which may otherwise have felt inaccessible to them.”*

**Chan, Youth Participation Coordinator  
for South Yorkshire and Barnsley Mental  
Health Training Coordinator**





# Addressing inequalities in the identification and management of perinatal mental health difficulties

## Background

Perinatal mental health (PMH) difficulties affect approximately one in five birthing women. If not identified and managed appropriately, these PMH difficulties can carry impacts across generations, affecting mental health and relationship outcomes. There are known inequalities in identification and management across the healthcare pathway. Whilst barriers and facilitators have been identified there is a lack of clarity about how these relate to the avoidable and unfair inequalities experienced by various groups of women. Further research is required to understand how to address inequalities in PMH.

## Aim

To understand the key factors that enable and hinder access to PMH care for women from minoritised groups across the PMH care pathway, and how these have been affected by the COVID-19 pandemic.

## Methods

A sequential mixed-methods approach gathered views and experiences from stakeholders in one region in northern England. This included an online survey with 145 NHS healthcare practitioners and semi-structured interviews with 19 women from ethnic minority and/or socio-economically deprived backgrounds who had experienced PMH difficulties, and 12 key informants from the voluntary and community sector workforce. Quantitative data were analysed using descriptive statistics and framework analysis was applied to qualitative data.

## Findings

Barriers and facilitators were mapped using a socio-technical framework to understand the role of (i) processes, (ii) people (organised as women, practitioners and others), (iii) technology, and (iv) the system as a whole in deepening or alleviating inequalities. Influences that were identified as pertinent to inequalities in identification and management included provision of interpreters, digital exclusion, stigma, disempowerment, distrust of services, practitioner attitudes, data capture, representation in the workforce, narrow rules of engagement and partnership working. Stakeholder groups expressed that several barriers were further compounded by the COVID-19 pandemic.

## Discussion

The findings highlight the need for change at the system level to tackle inequalities across the PMH care pathway. Four inter-connected recommendations were developed to enable this systems change: building emotional safety between professionals and women; making PMH a part of core healthcare business; increasing cultural competency specific to PMH; and enhanced partnership working.

**Full article can be found here:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9813385/>

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**Other Researchers:** Zoe Darwin, Sarah Blower, Sarah Masefield and Louise Padgett, University of York; Rifat Razaq, Charlotte Endacott, Kathryn Willan, and Josie Dickerson, Bradford Teaching Hospitals NHS Foundation Trust.

# AHPs' perceptions of research in the UK NHS: A survey of research capacity and culture

## Background

With growing recognition of the importance of research in allied healthcare, the new Health Education England (HEE) research strategy articulates a need to transform Allied Health Professional (AHP) identities, culture and roles. An understanding of current AHP research capacity and culture is first required.

## Methods

A cross-sectional survey targeted AHPs working in NHS health and social care settings across the United Kingdom. The validated Research Capacity and Culture tool was modified and distributed through research and professional networks. Aggregate median scores for perceived research success were categorised as adequate, more than, or less than adequate.

## Results

Of 3344 participants, 3145 identified as HEE-defined AHPs. Individual - and organisation -level research success was perceived as adequate (median scores 4 (IQR 2 to 6); 4 (IQR 2 to 7) respectively). Team-level research success was rated less than adequate (median score 2 (IQR 1–5)).

## Conclusions

In the UK, AHPs working in NHS health and social care perceive individual and organisational level research skill/success to be adequate. In contrast, inadequacies in research skill/support at team level were exposed, which may hinder successful integration of allied health research into everyday health and social care practice. Recommendations are made with reference to the HEE AHP research strategy.

### Full article can be found here:

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08465-6>

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**Other researchers:** Richard Collings, Torbay and South Devon NHS Foundation Trust; Alison McCracken, University Hospitals of Morecambe Bay NHS Foundation Trust; Carol Payne, Norfolk and Norwich University Hospitals NHS Foundation Trust; and Ann Moore, University of Brighton.

**MANCHESTER**  
1824

The University of Manchester



**STAFF AND SERVICE  
USER VIEWS ON DIGITAL HEALTH  
TOOLS IN PSYCHOSIS  
A SURVEY STUDY**

# **PARTICIPANTS REQUIRED**

**Are you age 18 or older?**

**Do you have a diagnosis of schizophrenia,  
psychosis or have you had psychotic  
experiences (e.g. unusual experiences like  
hallucinations or delusions)?**

**WE WANT TO HEAR YOUR VIEWS ABOUT USING DIGITAL  
HEALTH TOOLS IN MENTAL HEALTH CARE.**

**PLEASE COMPLETE THE SHORT, ANONYMOUS SURVEY:**

**[HTTPS://WWW.QUALTRICS.MANCHESTER.AC.UK/JFE/FORM  
/SV\\_ORNOPRFHG3GTCJA](https://www.qualtrics.manchester.ac.uk/jfe/form/sv_ornoprFHG3GTCJA)**

**YOU WILL HAVE THE OPTION TO BE ENTERED INTO A PRIZE  
DRAW**

**IF YOU HAVE ANY ENQUIRES,  
PLEASE SEE THE WEBSITE ABOVE  
OR CONTACT**

**XIAOLONG ZHANG  
([XIAOLONG.ZHANG@POSTGRAD.MANCHESTER.AC.UK](mailto:XIAOLONG.ZHANG@POSTGRAD.MANCHESTER.AC.UK))**



# Equity, Diversity, Accessibility, Exchange: How Co-production can Revitalise Research

Redressing the balance of power in the researcher/participant relationship is becoming increasingly popular. Researcher acknowledgement of the power of lived experience and how this can transport research to new levels and directions can only be a positive step. Embracing co-production may be daunting, but the benefits are vast for both researchers and those with lived experience who take part.

Co-production refers to the collaboration between professionals and service users in the delivery of a project, improving equity, diversity, accessibility and knowledge exchange. This aims to provide service users and members of the public with a greater influence over the decisions and outcomes that affect them by involving and valuing their expertise as individuals with lived experience. Within mental health research, co-production should provide a space in which service users are able to apply their lived experience to improve the quality of projects being undertaken. One of the most important shifts for co-production to be effective is the balance of power: service users must be considered experts and researchers must consider themselves facilitators supporting service users to find a solution to the issue at hand, ensuring service users are at the forefront of all research projects. This article will explore the different ways in which the Research and Development Department at LYPFT are embracing co-production to improve the quality of research.

## Young People's Advisory Network (YPAN)

The Research and Development Department are seizing the co-production day with The Child Orientated Mental Health Innovation Collaborative (COMIC) forming the COMIC Young People's Advisory Network (COMIC YPAN). This is a network of young people, parents/carers and professionals who advise on all the work we conduct. The network currently consists of 8 youth groups, schools, colleges and community groups who work with us across Yorkshire to facilitate vital discussions around current research projects, future work and their lived experience. The network is actively working with over 120 young people across Yorkshire via youth and community group activities, and over 40 professionals and young people have individually signed up.

The network has set up two research ready schools: All Saints Sixth Form and York College with an additional three in development. Over 100 young people at these schools have been involved in the development of funding applications, study proposals and research evaluations. In February 2023, COMIC hosted our first public involvement event at York Leisure Centre where we engaged with over 80 members of the public, promoting our research and opportunities to get involved. COMIC has co-hosted two Patient and Public Involvement Methodologies events with the Leeds Interdisciplinary Mental Health Research Network (LIMHRN). The focus of these events was promoting good practice in involving young people in research. The events provided opportunities for professionals and young people from a wide range of backgrounds to present their work or experiences with public involvement and to network with like-minded individuals.

Co-production is definitely the latest buzz word with a lot of promise for real impact to the research landscape. As a research department, we embrace co-production with integrity, ensuring it isn't just a buzz word but a way of working that enhances the quality of our research.

## CONIFAS (CO-production of a Nature-based Intervention For children with ADHD Study)

In 2023, we embarked on our first research adventure into a truly co-produced study, CONIFAS . In collaboration with Humber Teaching NHS Trust, COMIC, the University of York, the ADHD Foundation and Yorkshire Wildlife Trust, families with lived experience of ADHD (Attention Deficit Hyperactivity Disorder) and professionals in relevant fields worked to develop a resource to help and encourage children with ADHD to access the benefits of nature for mental health and wellbeing. CONIFAS co-lead Dr Hannah Armitt and Trial Coordinator Ellen Kingsley reflect on their experience with co-production.

*'As a team we learnt a lot about coproduction throughout this study and had to continually reflect on our own research practice. Involving children and families as part of the research team and valuing them as equal co-producers in the process was exciting. Sometimes the workshops were 'messy' and deviated from our preconceived agendas but this was a critical part of truly listening and moving flexibly with the needs of our children and young people'*

Families also reflected on the co-production aspect of this project. *'We felt that our contribution was really valued. Previous research that we have taken part in has felt that the research has a set end game that they were trying to steer us towards. This felt very much like there was no particular outcome planned and as a result our contributions really did help shape the progress of the project'*

## Involving refugees in perinatal research

Up to 27% of new and expectant mothers experience perinatal mental illness (PMI). This can occur during pregnancy or in the first year following the birth of a child and refers to a wide range of conditions, for example postnatal depression and postnatal psychosis. Prevalence is thought to be higher in forced migrant women, a group often referred to as asylum seekers and refugees (ASRs). They also face inequalities in accessing support from NHS and social care services. Traditional ways of involving ASRs in research have been unsuccessful. A team of researchers from LYPFT working with University of Huddersfield has recently submitted a novel research grant proposal which aims to overcome cultural and organisational barriers to reach this population.

Once funding is secured, we will work with ASRs to co-produce an accessible website which over time will build up many stories and lived experiences about both the negative and positive experiences of mental health and illness during early motherhood. The site will be available in a diverse range of languages. Overtime, we will build up a national database of new mothers who are ASRs who have lived experience of perinatal mental illness who can advise on, co-design and participate in future research providing a mutually beneficial resource of migrants and academic partners.

# Grace Chugg

## Research Testimonial



My name is Grace Chugg, and I am an Advanced Speech and Language therapist who has been working for the Leeds York Partnership Foundation Trust for 1.5 years. I qualified as a Speech and Language Therapist from Plymouth Marjon University in 2019.

Prior to joining LYPFT, I was working across acute, outpatient and community services in Wales. I had successfully secured £6,000 of funding in this role to complete a PGCert focussed on improving my clinical skills; however, opportunities for research funding were limited. When I attended my LYPFT interview, I advised the panel that I want to do research as part of my post and was supported by my manager and the research team at LYPFT to apply for a research internship. From this I have secured £7,500 worth of funding from the NIHR internship programme. I am working in a clinical setting as an Advanced Speech and Language Therapist at Leeds Gender Identity Service. My internship allows 2 days per week of research, 38 days in total from February to October 2023, to complete a piece of research to address a problem or gap in my service area.

My research focuses on management of waiting list initiatives, as currently there are over 4,000 people waiting for an appointment at the gender service and over 300 waiting for SLT alone equating to up to a 4/5 year wait for support with gender affirming voice therapy. The goal of my research is to support people on the waiting list to feel empowered to support their own voice in a safe way, and in turn support attendance and engagement at SLT appointments.

The internship requires a 3000-word essay and a poster presentation. I am aiming to develop my essay into a scoping review which I will publish. I have recently been successful in bidding for a grant through Leeds Arts and Minds to enable delivery of an education forum

to gather ideas and feedback from those on the wait list to see how best to support them – the forum is an opportunity to develop some resources and then I am considering going on to develop a website of resources to help those on the waiting list. The Arts and Minds project has allowed the research to be routed in co-production and is supporting the wellbeing of those on our waiting list.

Once I've completed my internship, I plan to apply for the PCAF. As part of this, I am applying for pump priming funding through my trust to allow time to advance my application and publish my research. I have bid for just under £9000 to support this. A PCAF is Master's level equivalent and funded by NIHR. I am also looking at applying for a funded place in the UCL public health master's through the IMPACT scholarship and considering the HARP pre doctoral funding. Both equate to over £50,000 of funding. After that, there is the opportunity to apply for the DCAF which is PhD level and requires a strong bank of publications. A key part of research is starting small, such as publishing in your colleges clinical magazine and finding routes to co-author where possible.

Research is important because it can help manage health inequalities in the NHS. I am passionate about research as I see the small changes that can be made day to day having a significant impact on our patients and want to ensure we aim to make big changes to ensure the greatest care is delivered to the Trans and Non-binary community.

**Grace Chugg, LYPFT**  
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# Imogen Kinkaid

## Staff perspective...



### In this edition we learn about Imogen Kinkaid's (Nurse on acute inpatient unit) experience of being a Principal Investigator for a study called Section 17 Leave

Imogen qualified in September 2021 as a mental health nurse and was approached by her manager on the acute ward for male inpatients and asked if she would like to be the Principal Investigator for a Section 17 leave research study led by the University of York. She had no previous experience of Research and Development but accepted the role and the study started in April 2022.

An application for Section 17 leave if granted can provide the opportunity for inpatients who are detained to take a short period of leave and go home under the care and supervision of a carer or carers. The research study provided training for ward staff, so they are equipped to provide information to carers about Section 17 leave at an early stage, either during or shortly after an admission, and also offered carers the opportunity to engage in interviews with the University of York about Section 17 leave.

The outcome of the study was that 10 standards of good practice were developed for Section 17 leave and the positive inclusive practice in working with carers has continued beyond the study. Carers are now made aware of the opportunity for Section 17 leave at an early stage as well as the flexibility within the agreed period of leave. For example, if it was agreed that a patient could take three days of leave, and it became too difficult, the patient can return earlier or if the patient or carer need support during the period of leave, they can call the ward at any time for advice and support. Overall, the study had a hugely positive impact for the ward.

In her role as Principal investigator, Imogen liaised with both the University of York and LYPFT R&D to help overcome the barriers to implementing the intervention and gave her input on how the intervention would work 'in real life' putting the changes into practice. She was involved in tailoring the intervention materials and providing feedback from the ward team, service users and carers. As the study progressed, she took a lead in promoting the research amongst the ward team and engaging everyone in the intervention training.

Through her involvement in the study, she learnt and appreciated the huge amount of groundwork that goes into interventions and research. After the study was completed, Imogen became Carers' Lead for the ward and was also promoted to become a Charge Nurse on her ward.

Imogen Kinkaid, LYPFT  
[imogen.kinkaid@nhs.net](mailto:imogen.kinkaid@nhs.net)

### What is the Principal Investigator role and how can I get involved?

The role of a Principal Investigator (PI) varies depending on the study. For some studies the role is light touch and doesn't require any prior experience of research, others may be more involved with many tasks delegated to the wider R&D team. Guidance is provided by the research department for the role. Some studies offer the opportunity to be an Associate PI which is a nationally recognised training scheme where you shadow a current PI for a 6-month period. If you are interested in being included on a list of potential future PI's please contact us [research.lypft@nhs.net](mailto:research.lypft@nhs.net).



# more RESPECT

A randomised controlled trial of a sexual health promotion intervention for people with severe mental illness delivered in community mental health settings

Can you help us improve sexual health support in mental health services?

## What is the moreRESPECT study?

The moreRESPECT study is looking at how to improve the sexual health of people with severe mental illness.

Good sexual health includes:

- Being free from sexually transmitted infections
- Being able to express your sexuality and sexual identity
- Feeling safe and respected in intimate relationships
- Being in control of choices you make and what you feel comfortable with

The study is testing sexual health education sessions which address some key areas of sexual health. These will be compared with the care usually received. This is known as a randomised controlled trial.

## I am interested in taking part - how do I find out more?

If you would like more information about the study or would like to speak to a member of the study team, please see the details below.

Shaun Bell

MoreRESPECT Research Assistant

**Email:** [shaun.bell@nhs.net](mailto:shaun.bell@nhs.net)

**Phone:** 07980958802

**Website:** <https://www.morerespect.co.uk>



This study is funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care. NIHR133865

FUNDED BY

**NIHR** | National Institute for Health and Care Research

moreRESPECT\_Participant Information Poster

Site: 11- Leeds and York Partnership NHS Foundation Trust

Version 1.1 22/09/2023  
IRAS ID: 309345  
REC Reference: 23/NW/0157

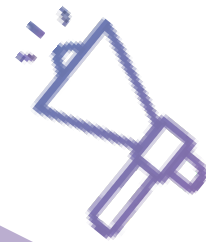




## Research & Development

*Actively shaping the future of Mental Health Care*

# Research Forum 2024



**Thursday, 14 March 2024: 09:30-16:00**

**Cloth Hall Court, Leeds LS1 2HA**

The forum is a celebration of research. We share the outputs of research, share information about ongoing research and related topics and provide an opportunity for attendees to discuss interests and ambitions around research.

This **free** event is open to all staff from across the Trust. We'll be displaying research posters at the event and will ask attendees to vote for their favourite. Winning posters will receive prizes awarded for 1st and 2nd places

Registration is necessary. Please register here:

<https://forms.gle/BUzUPJKLUk13aBzb8>

Or scan the QR code below:



[#LYPFTRResearch24](https://twitter.com/LYPFTRResearch24)



Website: <https://www.leedsandyorkpft.nhs.uk/research/> | Email: [research.lypft@nhs.net](mailto:research.lypft@nhs.net)

Twitter: [@LypftResearch](https://twitter.com/LypftResearch) | Telephone: 0113 85 52387



## Funding & Academic Training

Course Name	Date	Details
<b>NIHR Internship</b>	Closing dates are generally annually in the Autumn	Designed for those with little or no research experience. <a href="https://www.shu.ac.uk/study-here/options/health-and-social-care/integrated-clinical-academic-programme-internship-scheme">https://www.shu.ac.uk/study-here/options/health-and-social-care/integrated-clinical-academic-programme-internship-scheme</a>
<b>ICA Programme Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF)</b>	Applications generally open in annually in January	Designed for those aiming to go onto do a DCAF <a href="https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm">https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm</a>
<b>Doctoral Clinical and Practitioner Academic Fellowship (DCAF)</b>	Applications due to open 24th April 2024	<a href="https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm">https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm</a>
<b>Advanced Clinical and Practitioner Academic Fellowship (ACAF)</b>	Check website	<a href="https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm">https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm</a>
<b>The Pre-Application Support Fund</b>	3 times a year	<a href="https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm">https://www.nihr.ac.uk/explore-nihr/academy-programmes/hee-nihr-integrated-clinical-and-practitioner-academic-programme.htm</a>

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

Course Name	Date	Details
<b>Health Literacy Awareness</b> <small>*please see website above for specific dates.</small>	Run monthly*	Empower people to make more informed decision about their health through our health literacy awareness sessions.

## Training

Course Name	Date	Details
<b>Public Involvement in Research</b>	<p>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.</p> <p>"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!"</p>	<p><a href="http://imperial.ac.uk/patient-experience-research-centre/ppi/ppi-training/">imperial.ac.uk/patient-experience-research-centre/ppi/ppi-training/</a></p>
<b>A guide to starting out in clinical academic research</b>	<p>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.</p>	<p><a href="http://www.vimeo.com/showcase/9710034">www.vimeo.com/showcase/9710034</a></p>
<b>Improving Healthcare Through Clinical Research</b>	<p>Free online learning course by the University of Leeds via Future Learn.</p>	<p><a href="http://futurelearn.com/courses/clinical-research">futurelearn.com/courses/clinical-research</a></p>
<b>Good Clinical Practice (GCP)</b>	<p>Free course by the NIHR, recommended to everyone involved in research.</p>	<p><a href="http://nih.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm">nih.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm</a></p>

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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