



Innovation

Research and Development Newsletter

July 2024 Issue 53



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Reducing max doses of drugs for psychosis



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Implementing and evaluating patient-focussed safety technology



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Experimental insight of service users in research

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Editorial



I recently was lucky enough to hear one of the authors of the book 'The Squiggly Career' speak at a conference. The authors Sarah and Helen talk in the book

about how the traditional career ladder is an outdated

concept and actually, most of us have more squiggly careers. This definitely resonated with me, certainly my careers teacher at school didn't recommend clinical research as a career choice! Within research whether you are a clinician, academic or research manager there aren't always traditional career ladders, we all take our own journeys. I think there are advantages to this as it allows us to choose routes that suit us, either for personal or professional reasons. But it also means we have to navigate a maize of options that can feel daunting and overwhelming, we have to identify for ourselves what interest us and what we want to do next.

In this issue of Innovation we share some of the initiatives we have available with the Trust to support you to navigate your research journey. Also, reflections from staff on their role in mentoring people who want to get involved in research.

We are here to help you navigate the maize, help you feel less daunted and support you to consider what options are available to you. That might be dipping your toe in the water, or diving right in, there are options for everyone.

If you are interested in learning more about squiggle careers, check out 'Amazing if' the company that Sarah and Helen lead (also you can buy the book or download the audio version). If you want to have a conversation about your research journey then please contact us (lypft.research@nhs.net) and subscribe to our bulletins where you can find out about training and development opportunities.

Sarah Cooper,
Head of Research and Development,
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Help Us Influence the Future of Mental Health Care

Research is pivotal in influencing the future of mental health care. As a small research team, we are unable to approach all service users and staff to showcase research opportunities. We are also not frontline, and so do not see the gaps in practice as easily, limiting our capability to pose the most crucial research questions that are surfacing across the trust. However, we are working on initiatives to enable us to address these issues.

EMBED Programme (2022):

A light touch programme that supports clinical services to create research ambitions and then an action plan to realise those ambitions.

The EMERGE (Complex Emotional Needs) and LADS (Leeds Autistic Diagnosis) services were self-selected to pilot this initiative. Each service had approximately 3 virtual sessions as part of the programme. The sessions included developing a baseline, creating the action plan and considering delivery of the plan. In the initial sessions 6 key areas known to be important to research culture (Leadership, Skills, Collaborators, Capacity, Knowledge and Embedding) were discussed.

The programme gave clinical services dedicated time out to think about a research plan and directed them to do this in a more strategic way. Services found the programme to be effective and have continued to develop further research ambitions and have been successful in achieving some of those already.

Building up our Nurses Research Skills as Undergraduates: The MESH Programme:

Mental Health Student Nurses are offered the opportunity to learn about research whilst on clinical placements.

Interested students attend 3 1-hour remote sessions with various members of our research team and complete some self-directed learning over a 6-week period as part of their clinical placement. This enables pre-registered nurses to carry out research activities in practice and encourages them to embed research into their nursing role once registered.

The initiative was given NIHR support in 2023 to aid the evaluation of a pilot of the programme, which includes three other mental health trusts. An evaluation of the current students' experience across the trusts is underway, including focus groups with various stakeholders. We hope the data proves that this unique programme contributes to the aims of the current nursing strategy.

Staff Training:

In 2023 we developed a video conference called 'Influencing the Future of Mental Health Care' for all LYPFT staff. Staff learn about how research contributes to the future of mental health care, how they can get involved, and the ways and means to develop their service as 'research active'. Future sessions can be booked onto online through the 360 Management Programme available on Learn.

Our Research Training Directory also went live in March 2024 and is located in the People Hub section on Staffnet: Research and Development Training Directory. This online platform offers brief information on topics such as: the difference between research, audit and service evaluation; why mental health research is important; and what are the different roles in research. The Directory also signposts to other courses that may be of interest to staff.

Research Interested Groups:

We are also developing Special Interest Groups for staff, where those in similar roles across the trust can meet regularly to discuss research ambitions. There are two currently running very successfully (one for Social Workers and one for Psychologists). A leader in the field chairs the meetings, and a member of the R&D team attends to offer support when needed.

A Research Champion network is also in development. The role of the Research Champion is to act as a role model and activist, championing the innovative work in their service and encouraging more colleagues to be aware of and involved in research for the benefit of patients. A Champion can come from any profession, including but not limited to: Nurses, Clinicians, Health Care Support Workers and Allied Health Professionals.

Contact us to find out more

If you wish to know more about ways to get involved in research, want to find more about the opportunities above, or simply wish to sign up to our bulletin, please email us at research.lypft@nhs.net.



Bitesized stakeholder events



The Research and Development team have been busy spreading the word about the importance of research. See below the ways we have been connecting with stakeholders essential to our success and to the success of future healthcare.

On Thursday 14 March 2024 we hosted our annual Research Forum. This year's event was held at Cloth Hall Court, Leeds and had a jam-packed programme featuring the impact curated art has on the mental health of young people at our new Red Kite View site to the effect of interpersonal process recall for offenders in the Personality Disorder Pathway. We hosted a series of concurrent workshops which were a great success and well received by the delegates. As always a great array of posters were on display with two winning first and second prize. To help chair the event we were supported by our Clinical leads, Old Age Liaison Psychiatrist, George Crowther and Clare Fenton,

Child and Adolescent Psychiatrist. We were also supported on the day by Dr Frances Healey, Non-executive Director, and Dr Sara Munro, Chief Executive, who provided closing words on the event. Sara wrote in a recent paper:

“A very strong theme in the presentations was on co-production with service users from the outset of deciding if a topic is worth investigating and if so how best to go about it. Huge thanks to Sarah Cooper and her team.”

For more information about the event and presentation slides from the day please visit: <https://www.leedsandyorkpft.nhs.uk/research/about-us/research-forum/research-forum-2024/>

We're very fortunate in the department to have Abi Wilson, Clinical Studies Officer and former Vice Chair of LYPFT Workforce Race Equality Network (WREN), who also works as the Ethnic Minority Research Inclusion (EMRI) Hub Lead for West Yorkshire. On 07 March 2024 the EMRI hosted their annual Research For All event at the Marriot Hotel in Leeds.

The conference gave delegates opportunities to network and meet people representing a number of community groups and various research teams. As part of the event of the day was the world café, of which our own R&D team both the Leeds team and COMIC team from York were part of.

The world café provides all the involved organisations a brilliant opportunity to share and promote their work and their community. It was a beautiful “Showcase” of both “Research” and “Community”.

The day was packed with fun and informative activities. There were sessions by different research team sharing their experience of making efforts to be improve on inclusivity, the barriers and the challenges they have to overcome to do so and why it is important.

"A very strong theme in the presentations was on co-production with service users from the outset of deciding if a topic is worth investigating and if so how best to go about it. Huge thanks to Sarah Cooper and her team."



Also, attendees had the opportunity to take part in a free raffle, which allows them to donate a prize that reflects their organisation and the community they serve.

At the end of the day, delegates had an opportunity to ask questions in a plenary session with panel of EMRI members, including our own Abi Wilson to answers questions from the delegates and discussed a range of topics.

For health and care research to be effective, we need representation from all communities, in all different types of research, so we know that if something works, it works for everyone.

We are proud to be part of the event and we are proud to be a partner Organisation with EMRI. Our commitment to inclusivity in research aligned very well with EMRI's aims and values.

In March, COMIC held our second family event at York Explore Library where we showcased

many of our studies as well as the fun activities, we use to conduct our research. This included stick man making to help discuss the importance of green spaces, example self-soothe boxes with fidget toys and aromatherapy, and LEGO sets for social intervention.

We had a fantastic day talking to lots of children, young people, and their families, welcoming them as 'honorary researchers' - We discussed what research is and how they can get involved. We also spoke with many community groups and individuals who were interested in getting involved with our Young Person's Advisory Network (YPAN)!

We also ran PPI sessions with some of our YPAN and other individuals to inform on our EDIP study (Eating Disorder Inpatient) around themes that our team have identified during our research into the topic area.

We have also visited some local primary schools to discuss what it's like to take part in research and help the children become familiar with our work. They help us to think about new research areas, check our work is meaningful and accessible to young people - they are the researchers of the future!



PATIENT RESEARCH EXPERIENCE SURVEY SUMMARY 2023-2024

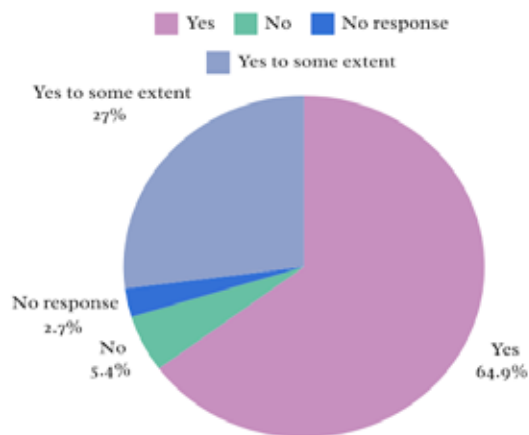
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The objective of this survey is to comprehensively examine the experiences of individuals participating in research, with the aim of identifying key areas for improvement

PRES SURVEY RESPONSES:

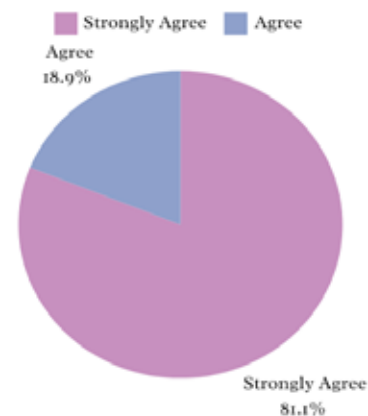
DATA 1

I know how I will receive the results of the research study



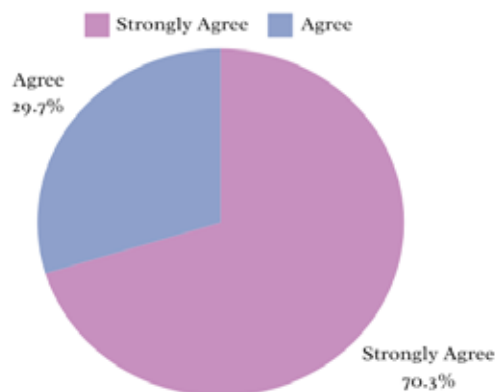
DATA 2

Research staff have always treated me with courtesy and respect



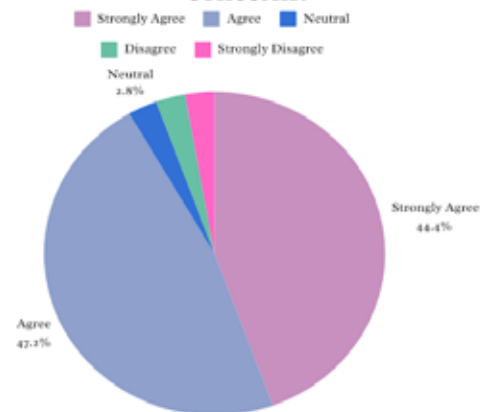
DATA 3

I would consider taking part in research again



DATA 4

I know how to contact someone from the research team if I have any questions or concerns.



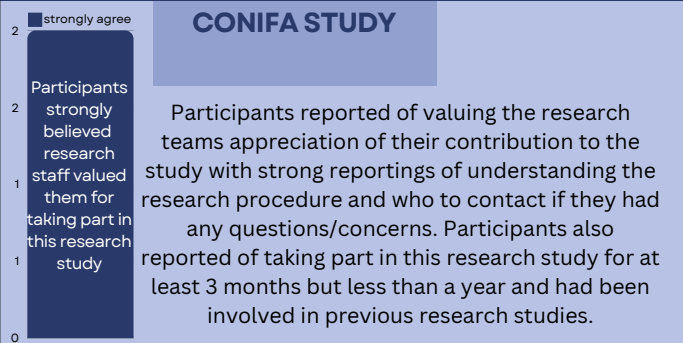
CONCLUSIONS

For the 37 responses received there is overwhelmingly positive feedback. More than 60 % understand how they would receive the results of the study and more than 40% knew how to contact someone from the research team for any queries. There is strong evidence that research staff treat participants with courtesy and respect with only positive responses, which remains consistent with previous years. Furthermore all responses reported of either strongly agreeing or agreeing to take part in research again.

Aisha Hassan, University of Sheffield

EXPERIMENTAL INSIGHT OF SERVICE USERS IN RESEARCH

Summarising the perspectives of service users experiences across research studies throughout 2023-2024



“ ‘I felt very welcomed by the team’ ”

Participant from the CONIFA study

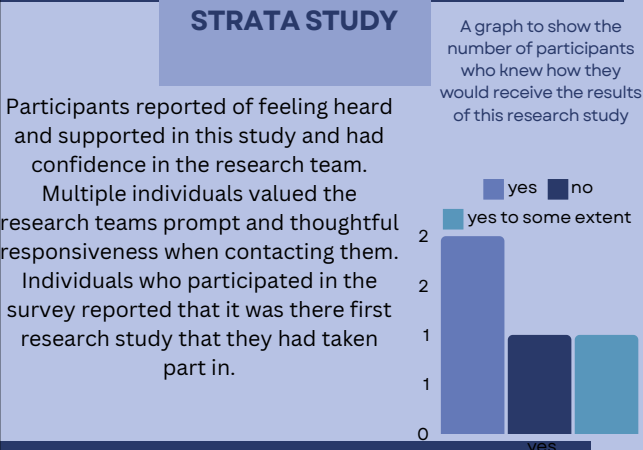
100% of participants believed research staff always treated them with courtesy and respect

Statistic taken from the National Centre for Mental Health study

NATIONAL CENTRE FOR MENTAL HEALTH STUDY



Participants commented on the NCMH study with consistent reportings of staff members demeanours as professional, respectful and friendly. All individuals expressed consideration of participation in future research studies and believed that they were well cared for. This study had a wide range of ages taking part from ranges (18-25) to 50+ as well as a diverse range of nationalities.



“ Research staff were always respectful and considerate, and very helpful if I ever had a question or a problem. ”

Participant from the STRATA study

100% of participants considered taking part in research again

Statistic taken from SPACES Feasibility study



SPACES FEASIBILITY

Participants reported of enjoying the people they met in this study and appreciated the vouchers for taking part in the research. Furthermore individuals reported either strongly agreeing/ agreeing to the consideration of taking part in research again. Participants reported of taking part in this research study for at least 3 months and some of which it being individuals first time taking part in research.

Aisha Hassan, University of Sheffield

The I-SOCIALISE cluster RCT - play brick therapy to aid the social skills of children and young people with autism spectrum disorder

Background:

Social skills interventions are commonly recommended to help children and young people with autism spectrum disorder develop social skills, but some struggle to engage in these interventions. LEGO® (LEGO System A/S, Billund, Denmark) based therapy, a group social skills intervention, aims to be more interesting and engaging.

Objective:

To evaluate the clinical effectiveness of LEGO® based therapy on the social and emotional skills of children and young people with autism spectrum disorder in school settings compared with usual support. Secondary objectives included evaluations of cost-effectiveness, acceptability and treatment fidelity.

Design:

A cluster randomised controlled trial randomly allocating participating schools to either LEGO® based therapy and usual support or usual support only.

Setting:

Mainstream schools in the north of England.

Participants:

Children and young people (aged 7-15 years) with autism spectrum disorder, their parent/guardian, an associated teacher/teaching assistant and a facilitator teacher/teaching assistant (intervention schools only).

Intervention:

Schools randomised to the intervention arm delivered 12 weekly sessions of LEGO® based therapy, which promotes collaborative play and encourages social problem-solving in groups of three children and young people with a facilitator (trained teacher or teaching assistant). Participants received usual support from school and community services. Participants in the control arm received usual support only. Research assistants and statisticians were blind to treatment allocation.

Main outcome measure:

The social skills subscale of the Social Skills Improvement System (SSIS), completed by the children and young people's unblinded teacher pre randomisation and 20 weeks post randomisation. The SSIS social skills subscale measures social skills including social communication, co-operation, empathy, assertion, responsibility and self-control. Participants completed a number of other pre- and post-randomisation measures of emotional health, quality of life, loneliness, problem behaviours, academic competence, service resource utilisation and adverse events.

Results:

A total of 250 children and young people from 98 schools were randomised: 127 to the intervention arm and 123 to the control arm. Intention-to-treat analysis of the main outcome measure showed a modest positive difference of 3.74 points (95% confidence interval -0.16



to 7.63 points, standardised effect size 0.18; $p = 0.06$) in favour of the intervention arm. Statistical significance increased in per-protocol analysis, with a modest positive difference (standardised effect size 0.21; $p = 0.036$). Cost-effectiveness of the intervention was found in reduced service use costs and a small increase in quality-adjusted life-years. Intervention fidelity and acceptability were positive. No intervention-related adverse events or effects were reported.

Conclusions:

The primary and pre-planned sensitivity analysis of the primary outcome consistently showed a positive clinical difference, with modest standardised effect sizes of between 0.15 and 0.21. There were positive health economics and qualitative findings, corroborated by the difference between arms for the majority of secondary outcomes, which were not statistically significant but favoured the intervention arm. Post hoc additional analysis was exploratory and was not used in drawing this conclusion. Given the small positive change, LEGO® based therapy for children and young people with autism spectrum disorder in schools should be considered.

Limitations:

The primary outcome measure was completed by an unblinded teacher (rather than by the facilitator).

Future work:

The study team recommends future research into LEGO® based therapy, particularly in school environments.

Read full article here:

<https://pubmed.ncbi.nlm.nih.gov/38095124/>

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Other researchers:

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

A proposal for reducing maximum target doses of drugs for psychosis

Reviewing dose - response literature

Background:

Presently, there is limited guidance on the maximal dosing of psychosis drugs that is based on effectiveness rather than safety or toxicity. Current maximum dosing recommendations may far exceed the necessary degree of dopamine D2 receptor blockade required to treat psychosis. This may lead to excess harm through cognitive impairment and side effects.

Aims:

This analysis aimed to establish guidance for prescribers by optimally dosing drugs for psychosis based on efficacy and benefit.

Methods:

We used data from two dose-response meta-analyses and reviewed seven of the most prescribed drugs for psychosis in the UK. Where data were not available, we used appropriate comparison techniques based on D2 receptor occupancy to extrapolate our recommendations.

Results:

We found that the likely threshold dose for achieving remission of psychotic symptoms was often significantly below the currently licensed dose for these drugs. We therefore recommend that clinicians are cautious about exceeding our recommended doses. Individual factors, however, should be accounted for. We outline potentially relevant factors including age, ethnicity, sex, smoking status and pharmacogenetics. Additionally, we recommend therapeutic drug monitoring as a tool to determine individual pharmacokinetic variation.



Conclusions:

In summary, we propose a new set of maximum target doses for psychosis drugs based on efficacy. Further research through randomised controlled trials should be undertaken to evaluate the effect of reducing doses from current licensing maximums or from doses that are above our recommendations. However, dose reductions should be implemented in a manner that accounts for and reduces the effects of drug withdrawal.

Read full article here:

<https://journals.sagepub.com/doi/10.1177/02698811241239543>

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Other researchers:

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Implementing and evaluating patient-focused safety technology on adult acute mental health wards

What is known on the subject:

Mental health wards can feel unsafe. We know that patients and staff have different ideas about what makes a hospital ward safe or unsafe. Patients are often the first to know when the atmosphere on a ward becomes tense, but often, no one asks them for their views. Patients and staff are experts and should be included in discussions about how to make wards safer.

What this paper adds to existing knowledge:

We got together with some service users and staff, and made an app that helps patients to tell staff when they are not feeling safe on a mental health ward. We tried it out on six wards and we asked patients and staff what they thought. The app was easy to use and most people liked the look of it. Patients said staff did not talk with them enough and so they liked using the app. However, some staff said they could tell how patients were feeling without an app and so they did not need it. Ward managers told us that staff were often very busy and did not always have time to use the app.

What are the implications for practice:

This app could help staff know straightaway when patients do not feel safe on the ward, so that they can act quickly to calm things down. To make the most of the app, staff need to get used to it and bring it into ward routines.

Introduction: Safety improvement on mental health wards is of international concern. It should incorporate patient perspectives.

Aim: Implementation and evaluation of 'WardSonar', a digital safety-monitoring tool for adult acute mental health wards, developed with stakeholders to communicate patients' real-time safety perceptions to staff.

Method: Six acute adult mental health wards in England implemented the tool in 2022. Evaluation over 10 weeks involved qualitative interviews (34 patients, 33 staff), 39 focused ethnographic observations, and analysis of pen portraits.

Results: Implementation and evaluation of the WardSonar tool was feasible despite challenging conditions. Most patients valued the opportunity to communicate their immediate safety concerns, stating that staff had a poor understanding of them. Some staff said the WardSonar tool could help enhanced ward safety but recognised a need to incorporate its use into daily routines. Others said they did not need the tool to understand patients' safety concerns.

Discussion: Foreseeable challenges, including staff ambivalence and practical issues, appeared intensified by the post-COVID-19 context.

Implications for practice: The WardSonar tool could improve ward safety, especially from patients' perspectives. Future implementation could support staff to use the real-time data to inform proactive safety interventions.

Read full article here:

<https://onlinelibrary.wiley.com/doi/10.1111/jpm.13028>

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Other researchers:

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HEALTHCARE PROFESSIONALS' PRIORITISATION OF BARRIERS TO ACCESSING EVIDENCE-BASED PSYCHOLOGICAL THERAPY FOR PERINATAL OBSESSIVE-COMPULSIVE DISORDER

WHO TOOK PART?

We had **203** participants from lots of different professions take part including nurses, health visitors, therapists, midwives, service managers and psychologists.

Participants were:

- 87% female
- 88% White
- 61% worked in perinatal service

Participants had worked with **15.8** patients with PNOCD on average.

Participants had **7.3** years of experience in their profession, on average.



WHAT WE DID?

Effective treatment for perinatal obsessive-compulsive disorder (PNOCD) are known and available on the NHS. However, parents experience barriers when trying to access support. We asked healthcare professionals to **rank barriers** from least to most **important**, and least to most **amenable** to change.

WHAT DID WE FIND?

The order in which barriers were ranked from most to least important were:

1. **Healthcare Professional Knowledge and Training**
2. **Parent Knowledge and Awareness of Mental Health Problems**
3. Parent Attitude to Mental Health Problems
4. Parent Attitudes to Healthcare Professionals and Services
5. System Characteristics
6. Healthcare Professional Attitudes
7. Treatment Factors

Barriers were also ranked similarly for their amenability to change.

Within the barrier "Healthcare Professional Knowledge and Training", the barriers ranked the most important were:

- **Some healthcare professionals are not able to accurately recognise PNOCD**
- Some healthcare professionals lack knowledge/training in how to assess parents for PNOCD
- Some healthcare professionals are unsure how to treat and/or refer perinatal mental health cases

CONCLUSION AND NEXT STEPS

Professionals **knowledge and training on PNOCD** is the most important barrier. Parents **awareness and attitudes** to PNOCD are also important.

After this survey, 18 professionals took part in a workshop to discuss recommendations to overcome these barriers.

This work has now been submitted as part of a PhD thesis, and will soon be published.

Hello my name is...

Molly Kelly- Research Assistant

I currently work within the research delivery team at LYPFT, recruiting service users onto clinical trials. At present, my role focusses on the Sceptre trial, which offers an intervention to help service users stop smoking following discharge from an inpatient ward.

I previously worked as a Clinical Research Trial Assistant at CHFT, within this role I assisted on a vast number of clinical trials, the majority being related to exploring new cancer treatments.



Jamie Telford- Patient and Public Engagement Ambassador

In the COMIC team I am the PPI lead meaning I run all service user involvement, engagement and outreach particularly through our Young Person's Advisory Network, this is then fed back to the team to inform our research.

Before joining the team, I completed a BSc in Psychology and a MSc in Developmental Child and Adolescent Psychology focussing on participatory methods and language development.



Gemma Williams - Research Programme Manager (RMN)

I support the R&D department to manage the flow of research that offers the potential to add value for the people we serve now and in the future.

I am currently on secondment from TEWV, covering Maternity Leave. My background is in Mental Health Nursing, it's lovely to be back in Leeds where I trained.



Sophie Walker - Research Assistant

Hello, I'm Sophie. I joined LYPFT 6 months ago as a Research Assistant in the COMIC team. I am currently working on the DIVERT project, which aims to co-produce a distress tolerance intervention to reduce self-harm episodes in young people.

I completed my BSc Psychology degree at Newcastle University and my MSc in Developmental and Educational Psychology at UCL. I've also worked as an Assistant Psychologist in a CAMHS Therapies Team, SEMH Intake Team and autism assessment service.

NIHR First Steps into Research Programme

the mentoring role

The Programme

This programme is open to non-medical clinical or social care staff who work in the Yorkshire and Humber region of Health Education England (including AHPs, Nurses, Social Care Staff, Public Health, and Pharmacists).

The aim of this programme is to ignite participants passion and interest in research and give them the motivation, skills and knowledge (about research) so that they can be a champion for research in their clinical setting and provide a springboard for further research opportunities.

The mentoring role

Mentors support and guide participants through the 4-month programme. Mentors are research active staff employed in regional NHS providers and are matched to a mentee. They do not need to be from the same geographical location or clinical area, but often are from the same professional background. The mentor's role is to help the mentee develop effectively, build confidence and help them work towards individual objectives.

Experience of the mentor role

Claire Paul

This was my first experience of being a mentor on this programme. The role appealed to me as it fitted with my passion for research and it was a different way to build AHP research capacity. Initially I was a little unsure, as I was matched to an OT working as a specialist hand therapist in Sheffield. However, our meetings (online) were very much led by the mentee and what they wanted to achieve. I was able to use my experience of and contacts in research locally to help problem solve and provide opportunities for my mentee to progress. A really positive outcome of the programme was a significant improvement in the culture and attitude towards research in their workplace:

I really enjoyed the role of mentor and would encourage any AHP who is research active to consider it – I found it rewarding and inspiring to see the enthusiasm and achievements of all the programme participants.

Hilary Lewis

...(Claire) was able to mentor in a way that just didn't get me to reflect on research... it gave me opportunity to reflect on the bigger picture including the culture of my workplace.

Mentee

This was my second year offering mentorship on the First Steps programme, and again I was matched with an occupational therapist, this time a therapist working within neurology in Leeds. We were able to meet up in person and spend time exploring what she wanted to gain from the programme but also more broadly in her career. We found ways for her to approach researchers, alongside introducing her to my own academic contacts, enabling her to learn about research methods and processes. Having space and time to reflect on her interests around health inequalities led to increased awareness of wider opportunities available to her. As a result of the programme, she felt empowered to apply for an Improving Population Health Fellowship, and she will start a Health Equity Fellowship with the scheme in April. We have both enjoyed the process of investigating new opportunities together and will continue our mentorship relationship into the future.

Claire and Hilary are happy to be contacted to discuss the programme and/or the mentor role - claire.paul@nhs.net
Hilarylewis1@nhs.net



CAN YOU HELP WITH A RESEARCH STUDY?

WE ARE LOOKING FOR VOLUNTEERS TO PARTICIPATE IN OUR RESEARCH STUDY:
"A PILOT STUDY TO EXPLORE THE ACCEPTABILITY OF THE COMPREHENSIVE ASSESSMENT OF AT-RISK MENTAL STATES (CAARMS) FOR PEOPLE WITH AUTISM SPECTRUM DISORDER (ASD)"
OR PACS (PSYCHOSIS-AUTISM CAARMS STUDY) FOR SHORT.

In this study, we are looking at an assessment **tool** that is commonly used in **mental health services** to identify whether **somebody** might have **early signs** of psychosis. We want to find out whether this **tool** works well for people with autism, or whether **adjustments** might need to be made to improve it.



Participation would involve **attending** a research appointment at Aire Court with a member of the research team. During this appointment, a researcher would complete the CAARMS assessment with you (lasting up to one hour). They would then ask you a **series of questions (also lasting up to an hour)** to explore your views and experiences.

If you participate, you will be offered a £30 voucher as an expression of gratitude for your time, and up to £10 to reimburse your travel costs to attend the appointment.



You are eligible to participate if you:

- Are aged 18-65 years (inclusive).
- Have been diagnosed with autism in the last six months

If you would like to participate...



CONTACT US

Please contact the lead researcher, Dr Conor Davidson, via **email (lads.lypft@nhs.net)** or **telephone (0113 855 0712)** to express your interest. Alternatively, you can speak with your **Leeds Autism Diagnostic Service** clinician.

Funding & Academic Training

Course Name	Details	Provider	Cost & additional Information	Link
The Clinician Researcher Credentials Framework	This course is for experienced healthcare practitioners from all professional backgrounds who want to take on leadership roles in clinical research delivery. It offers 1 to 3 year online and practical workplace-based experience modules. Offered by four universities in England.	NIHR in association with various Universities	The universities offering the courses set the entry requirements and course fees. Find out more and apply directly: King's College London - Clinical Research Delivery MSc/PG Dip Newcastle University - Clinical Research Delivery PG Cert University of Exeter - MSc Leading Clinical Research Delivery (Online), PG Certificate, PG Diploma University of Sheffield - Health and Clinical Research Delivery MSc, PG Diploma	https://www.nihr.ac.uk/health-and-care-professionals/training/clinician-researcher-credentials-framework.htm#unis
NIHR Pre-Application Support Fund	The Pre-Application Support Fund provides extra support to those who need it, to enhance their chances of making a successful application to an NIHR career development scheme in the future.	NIHR	Deadline for proposals: 1st August 2024	https://www.nihr.ac.uk/funding/pre-application-support-fund-round-3/35197
MA: Mental Health and Young People	Focuses on emerging issues within mental health, ensuring that you are at the forefront of practice nationally and internationally. The course will adopt a multidisciplinary approach, with three elements that focus on theory, practice and research in mental health that are integrated into each module. You will explore a range of evidence-based practice in early intervention methods for promoting emotional wellbeing. There will be a chance to personalise your assessments throughout the course, with negotiated tasks linked to your own strengths to evidence the course outcomes. By the time you graduate, you'll have the skills, knowledge, and experience to make a positive impact on the mental health of children and young people.	Leeds Trinity University	Full-time (1 year) Part-time (2 years) Annual Tuition Fee: £6,000 Full time If you studied your undergraduate degree at Leeds Trinity University, you may be eligible for a discount of up to 50% on the cost of your tuition fees	https://www.leedstrinity.ac.uk/courses/postgraduate/mental-health-in-children-and-young-people/
PHD: Health and Social Care	Our Research Centre vision is to deliver world leading applied research which impacts individuals, communities, populations and the health and social care workforce.	Sheffield Hallam University	Your research will be closely aligned with one of the research groupings within the AHSRC. These are: Maternal, child and family health and social care; Ageing and long-term conditions; Technology, data and digital innovations; Health and social care organisations and workforce.	https://www.shu.ac.uk/courses/health-and-social-care-management/phd-health-and-social-care/part-time/2023
NIHR Associate Principal Investigator Scheme	The Associate PI Scheme is a six month in-work training opportunity, providing practical experience for healthcare professionals starting their research career. People who would not normally have the opportunity to take part in clinical research in their day-to-day role have the chance to experience what it means to work on and deliver an NIHR portfolio trial under the mentorship of an enthusiastic Local Principal Investigator (PI).	NIHR	If you are funded 50% or less of your time to conduct research, then you could be eligible to take part in the Associate PI Scheme. Please email associatepischeme@nihr.ac.uk and we can discuss eligibility with you. Enrolment in these cases will be made on an individual basis. This link takes you to a video that explains the scheme: https://www.youtube.com/watch?v=at5PM61X0Yw	https://www.nihr.ac.uk/health-and-care-professionals/training/associate-principal-investigator-scheme.htm

Please contact the Research department if you are considering applying for the above as there is lots of support available

Training and Networking

Course Name	Details	Provider	Cost & additional Information	Link
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.	Free	www.vimeo.com/showcase/9710034
Improving Healthcare Through Clinical Research	Online course explaining about the importance of Clinical Research.	University of Leeds via Future Learn	Free until 7th July 2024 then £75 one off payment with certificate	https://www.futurelearn.com/courses/clinical-research
Building up our Nurses Research Skills as Undergraduates: The MESH Programme	This is an opportunity for our undergraduate nurses to build their knowledge and skills in delivering research in practice whilst on clinical placement. The programme allows students time out on clinical placement to learn about research, understand how it is developed and conducted within our trust, and develop skills in research that will allow them to embed this into their nursing role once registered.	LYPFT	Students on their clinical placement attend 3 1-hour virtual sessions a week for 6 weeks, learning about various aspects of research from different members of our research team. Cost: Free	If you would like to explore this opportunity for your service and students, or are a current student nurse wanting to hear more, then please contact wendy.andrusjak3@nhs.net
Special Interest Groups for Research	We are also developing Special Interest Groups for staff, where those in similar roles across the trust can meet regularly to discuss research ambitions. Any identified research findings can be shared that may contribute to the improvement of best practice. Gaps in practice can be raised, and interested peers can offer to contribute to the development of methods to address these. Research training opportunities can also be highlighted for those wishing to improve their skills. There are two currently running very successfully (one for Social Workers and one for Psychologists).	LYPFT	Ongoing throughout the year	If you are interested, please contact our research team at: research.lypft@nhs.net

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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