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R&D

Innovation

Research and Development Newsletter

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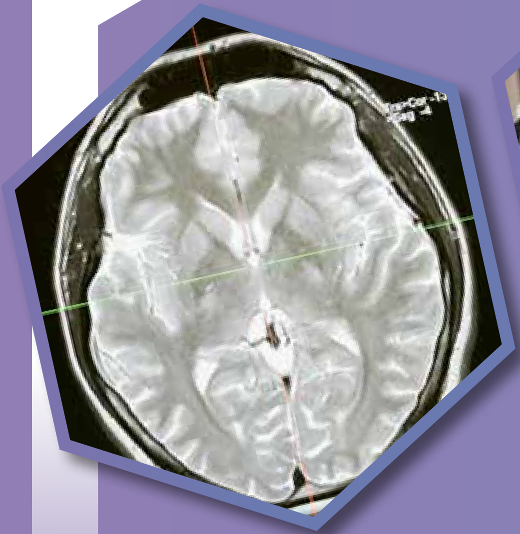
Data and AI



www.leedsandyorkpft.nhs.uk/research

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Editorial

Welcome to the 55th edition of Innovation

In this issue, we're turning our focus to Data and AI. From unlocking your phone with facial recognition to scrolling through social media or searching on Google, AI is now seamlessly integrated into everyday tasks. But what does this mean for healthcare?

The government has outlined three major shifts it believes are essential to reforming the NHS, including the transition from analogue to digital and the smarter use of technology. In health research, we're already seeing this transformation take shape. AI diagnostic tools, digital health apps, and big data are becoming central to the research and innovation pipeline.

In this edition, you'll find stories about cutting-edge research using AI, as well as projects that explore how we can harness data to generate new insights. This evolving landscape brings exciting opportunities - but also important challenges. We must adapt our ways of working to ensure digital innovations are tested safely and securely, building a strong evidence base for their effectiveness. Research plays a vital role in this process, helping us evaluate what works and guiding investment decisions to achieve the greatest impact with limited resources.

It's also crucial that we consider the perspectives of service users and address the risk of digital exclusion. Our new Research Patient Ambassador, Susannah, has been gathering feedback from members of our HEER group, and she shares her reflections in this issue. At the same time, staff must be equipped with the skills and confidence to embrace innovation, supported by robust assurances that new systems are safe and secure.

Research is the test bed for this digital future, and this edition of Innovation offers a glimpse into the exciting work already underway. The horizon is full of promise - let's make sure we're ready to embrace it.

Sarah Cooper,
Head of Research and Development,
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Unlocking the Future of Mental Health: A Chat with Eva Braithwaite

This article was created with the help of Microsoft Copilot, the questions were generated using the prompt 'I'm conducting an interview with the Head of Digital Change in an NHS Trust, the topic is AI, data literacy and data usage in healthcare, can you suggest some questions to start a discussion. The audience are healthcare professionals in mental health, with an interest in research, they are not data specialists'. This was refined, by using further prompts to make sure the questions were applicable to our organisation. The interview was recorded and transcribed by Microsoft Teams, and the transcript was summarised by Copilot to produce the article you see here

On 13th May 2025, Zoe Jackson from the Leeds and York Partnership NHS Foundation Trust had a chat with Eva Braithwaite, the Head of Digital Change at the Trust. They discussed the exciting ways artificial intelligence (AI) and big data are transforming mental health services. Eva shared her insights on how these technologies are revolutionising patient care, boosting efficiencies, and addressing health inequalities. Here are the highlights from their conversation.

Q&A

Eva, can you give us an overview of how AI is currently being used within the NHS, particularly with regards to mental health services?

Sure. AI is being used in a number of ways across the NHS. We're seeing it support diagnostic services, summarise long patient histories, and help with triage - particularly in managing referral backlogs. Within our trust, we're exploring how AI can bring efficiencies to corporate functions. In organisations like ours, people are looking at using predictive analytics, to improve care for people with learning disabilities and to help us understand and respond to patient needs earlier. There are also AI chatbots being used for triage and self-referral, and some therapists are using AI-powered apps to support their clinical work. It's a mix of behind-the-scenes support and direct clinical application. However, it's important to note that while AI offers significant potential, there are limitations and challenges that need to be addressed. These include ensuring the accuracy of AI predictions, maintaining patient privacy, and integrating AI tools seamlessly into existing workflows.

How important is data literacy for healthcare professionals, and how is the trust working to improve it?

Data literacy is absolutely crucial for healthcare professionals. Our trust values evidence-based working and is focusing on basing decisions on data. We're supporting the growth of data literacy across all levels, ensuring consistent data collection and reliable outputs. Our team helps frontline clinicians and administrators feel confident in using and interrogating data, asking the right questions, and seeking support when needed.

However, improving data literacy is an ongoing process that requires continuous training and support. It's essential to ensure that all staff members are equipped with the skills to effectively use and interpret data.

How does the trust ensure the privacy and security of patient data in relation to AI tools?

AI tools are subject to the same data protection standards as non-AI applications. We follow the Data Protection Impact Assessment (DPIA) process to ensure compliance with UK data protection laws and NHS policies. The digital data and technology department provides guidance and support to staff using new digital tools, ensuring the security of personal data. Additionally, we conduct regular audits and risk assessments to identify and mitigate potential vulnerabilities. Key data protection principles include data protection principles and the specific requirements related to AI tools. This includes understanding how data is collected, stored, and used, as well as the importance of maintaining patient confidentiality at all times. By fostering a culture of data protection awareness, we aim to build trust of our service users and ensure their data is handled with care. As with the use of all digital technology, there are inherent risks associated with the use of AI, such as potential data breaches and the misuse of sensitive information. It's crucial to keep building our culture of data protection awareness to safeguard personal data.

Can you share any success stories where AI has significantly improved patient outcomes in mental health?

One example I've learned about is an AI-driven mental health platform that offers personalised and anonymous support for managing stress, improving sleep, and coping with challenging emotions. It integrates with existing systems and uses AI-guided tools alongside human-led interventions to improve patient outcomes. While this platform has shown promising results, it's important to recognise that AI is not a one-size-fits-all solution. The effectiveness of AI tools is often driven by the environment and our ability to understand it well. Strong analysis and understanding of the problem can help us identify where AI can be most useful, effective and relevant.

How does the trust incorporate the wishes and needs of service users when implementing AI and data-driven solutions?

Good engagement with service users is essential. We ensure clear communication about our goals and involve service users throughout the process. Recognising diverse stages of knowledge and capability, we create space for all views and document and act upon feedback. This inclusive approach helps us understand and incorporate the needs of service users effectively. However, engaging with service users can be challenging, especially when dealing with complex technologies like AI. It's important to ensure that all voices are heard and that feedback is acted upon in a meaningful way.

What role does research play in the development and implementation of AI tools in the trust?

Research plays a really important role in the development of AI and the current progress around AI is based on decades of research. Research helps us understand where AI can be useful and how it can be applied in a way that's safe and effective. It also gives us the opportunity to involve people who might not have been included in earlier stages of development - especially those with lived experience. That's really important when we're thinking about fairness and bias in AI. But research also needs to be translated into practice, and that's where collaboration between researchers, clinicians, and service users becomes essential. It's not just about developing the tools - it's about making sure they work in the real world.

What do you think will be the biggest impact of AI on mental healthcare?

I think the biggest impact could come from predictive analytics - tools that help us spot when someone might be heading towards a crisis, so we can intervene earlier. That could really change how we deliver care. There's also potential in things like ambient AI, which can help with documentation during appointments, freeing up clinicians to focus more on the person in front of them. But we have to be cautious. AI isn't a silver bullet. It needs to be used alongside human judgement, not instead of it. And we need to keep evaluating it to make sure it's doing what we think it is - and doing it fairly.

If anyone has questions or ideas about the use of AI or digital solutions, please get in touch with us. We'd love to hear from you and explore these topics further.

You can find out more information about the topics we discussed from these sources:

https://digital.nhs.uk/services/ai-knowledge-repository

https://www.learningdisabilitytoday.co.uk/news/new-ai-model-aims-to-improve-hospital-care-for-people-with-a-learning-disability

https://blogs.wysa.io/blog/events/how-to-successfully-embed-ai-into-your-iapt-service-webinar

https://www.bacp.co.uk/bacp-journals/therapy-today/2023/september/the-big-issue/

https://www.wysa.com/

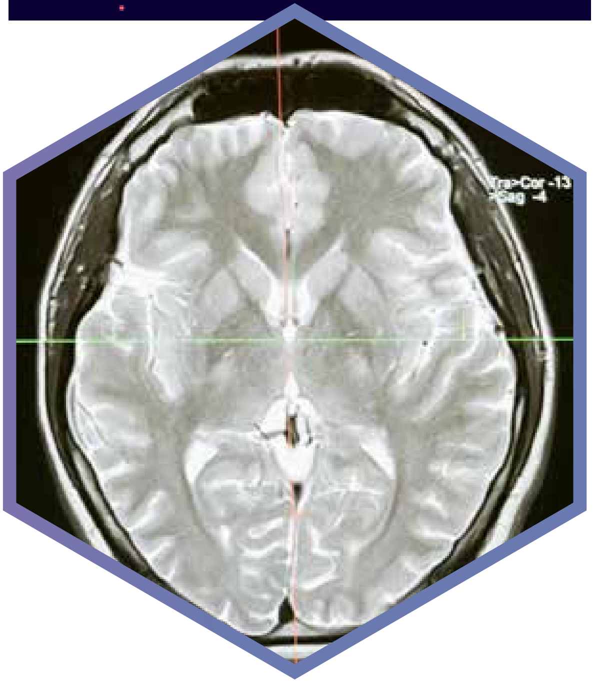
https://blogs.wysa.io/blog/b2b-partnerships/wysa-and-april-health-merge-to-revolutionize-access-to-behavioral-health-care-through-primary-care-providers

https://www.wysa.com/case-studies

https://www.bmj.com/content/386/bmj.q1384.full

Using data in Research
Artificial Intelligence

Quantitative
MRI in NHS
Memory Clinics



There are 50 million people around the world living with dementia. One key challenge is knowing what will happen to them following their diagnosis, whether their memory and thinking will stay the same for some years or could change quickly. This uncertainty makes it difficult to plan, for example to know what help and support a person might need in one, two or three year's time.

With the QMIN-MC (Quantiative MRI In NHS - Memory Clinics) study we are building a dataset that can be used to validate new artificial intelligence (AI) method in the real world memory clinic setting across the UK. These AI tool uses brain scans and can help in various ways, for example to speed up the diagnosis of memory and thinking disorders, and to help us predict what might happen in the future to people with Alzheimer's disease and similar diseases.

Our vision is to provide artificial intelligence guided tools making the best use of all the available information from brain scans to support memory clinics in decisions about diagnosis and care.

Tim Rittman from the QMIN-MC study says...

"it makes such a big difference to be able to test new AI ideas in real world memory clinics, such as those in Leeds and Yorkshire. It has been incredible to see how people have been keen to support our research and push forward new ways of making a diagnosis of dementia and memory problems. The team in Leeds have worked hard to recruit a large number of people to the study, and the people who have taken part in the study had been generous with their time. This has already started to make a difference, and we are using brain scans from the QMIN-MC study to test out new AI methods that should reach memory clinics within the next few years."

Beccy Smith, Clinical Studies officer, LYPFT

Using data in Research

How is our health data used?

Whenever we go to a GP, a hospital or a pharmacy, information will be collected about us and our medical history. Only healthcare professionals who are directly involved in your care will be able to access your full patient record. But information from your record could be used for research and planning purposes and to improve healthcare and services across the NHS.

But some people worry about where their data ends up and are particularly concerned about it being used for commercial purposes. Concern is such that two attempts by NHS England to extract the entire patient record from GP practices to better share and link it with hospital and other data and improve health outcomes were paused due to public concern.

In 2018 NHS England introduced the National Data Opt-out to reassure the public and provide a straightforward way to enable people to opt out of sharing their data for research and development if they so wish.

Added safeguards today are the secure data environments which provide a virtual safe space where researchers can access the data hey are approved to use without it leaving its secure space. Find out more about them here! https://digital.nhs.uk/services/secure-data-environment-service

Understanding Patient Data a voluntary sector organisation that has run several surveys to see how people feel about how their data is used and has used its research to find ways to better explain how data is used. Its excellent website (www.understandingpatientdata.org.uk) explains.

There are four ways that privacy is protected:

- Removing details that identify a person and taking further steps to anonymise information.
- Using an independent review process to make sure the reason for using patient data is appropriate.
- Ensuring strict legal contracts are in place before data is transferred or accessed.
- Implementing robust IT security.

Communication about data has improved over the past ten years and now more people understand that health data is anonymised and protected. For example, Help from Experts by Experience for Research (HEER) group member Paul Fraser says, ‘I’m fine with it as long as it’s anonymised and used for health research then I don’t have a problem with it.’

Another group member, Saalihah Rasheed is more cautious: ‘ I like to know exactly what my data is being used and give my consent in writing and have copy of the agreement form.

‘And it is also important to know that there is a data policy, what it contains and who is the Data Protection Officer, any concerns how they need to be raised.’

While public understanding of how their health data is used is improved, we are now also hearing more and more about the pros and cons of artificial intelligence or AI and

so the debate continues...

Susannah Strong, Research Patient Ambassador and Chair of HEER group, LYPFT

Useful links

National Data Opt-Out - NHS England Digital -
information about how to opt out of sharing your health data for research and planning.

Digi Trials - NHS England Digital - helpful animations deigned by people with lived

Using data in Research

Data collection

Eating Disorders Inpatients (EDIP), is a study investigating why some young people are referred and receive inpatient care for their eating disorders and why others remain in community treatment teams. This study employed a retrospective analysis of referral forms for adolescents aged 12 to 18, admitted to inpatient units in Humber and North Yorkshire between January 2019 and January 2023. Referrals forms encompass a wide range of data to provide a comprehensive overview of a patient's condition and history.

Given the diverse presentations of disordered eating, a two-stage screening process was implemented: initial database queries identified patients presenting with eating-related concerns, which was conducted by medical professionals who already had access to the referrals. This was followed by a detailed, anonymized review and classification of referral forms to confirm those meeting the specific inclusion criteria.

These criteria focused on patients aged 12 to 18 with disordered eating characterised by restrictive intake posing a significant risk of harm. Patients whose abnormal eating patterns stemmed primarily from another mental illness, such as psychosis, were excluded. Two research assistants independently extracted and coded relevant data from the forms. The analytical categories were determined by a multidisciplinary steering group composed of eating disorder specialists, including dieticians, psychologists, nurses, and psychiatrists.

An example of some of the categories extracted:

- Adverse childhood experiences (ACES)
- Neurodiversity and CETR status
- Community treatments offered and engagement with this
- Trust in agencies and compliance with recommendations
- How long they have been in CAMHS community services, which services they have access

This data was used to help develop the topic guides and semi-structured interview questions which were co-designed by young people and their families with lived-experience of eating disorder referral treatment.

Agnes Wood, Research Assistant, LYPFT

Workshop outputs,
Research Forum 2025

Improving skills and knowledge of patient facing staff

Ensuring all staff and services are 'research ready' benefits patients and staff. However, workshop participants highlighted barriers to research:

We brainstormed the following solutions to overcome barriers:

01.
Time

Management support, protected time, and a stronger research culture are key. Clear communication of research benefits and prioritising audits before funding applications also help.

02.
Awareness of opportunities

Research champions to share opportunities via posters, emails, and noticeboards. E-bulletins, engagement with third-sector groups, and named contacts in each professions would also help.

03.
Access to mentor/supervisor

Suggestions included consulting research staff, using social media, joining Special Interest Groups, networking, seeking university support, and promoting opportunities on Staffnet.

Actions:

What will you do next?

- Sign up to E-bulletin
- Research Champions
- Advocate
- Training

Opportunities for staff

Get Research Ready: Become a Research Champion to link your service to R&D, Take part in a Student Hybrid Placement to learn about LYPFT research, Help with Study Delivery, Identifiy Gaps in Practice, Join our Research Community, Try the 360 Managment Course to learn how to embed research into practice.

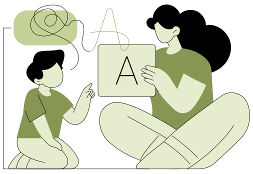
Get Involved in Research: Screen caseloads for eligible service users, Speak to service users about the opportunity to take part, Consent participants, Oversee a study running in your service, Deliver an intervention for a study, Work as a service to embed research, Identify gaps in practice. Speak to us!

Build Skills and Knowledge: R&D website & sign up to our e-bulletin, NIHR Learn: Good Clinical Practice (GCP) training and other courses, R&D Training Directory on Sharepoint, Funded Masters Programmes & Internships. Get in touch!

Workshop outputs,
Research Forum 2025

Disseminating

Research findings



Disseminating accessible findings, while crucial for impact, presents several challenges for researchers:

1

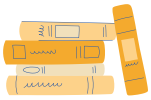
Language Barriers

- Translating complex scientific jargon into clear, concise, and understandable language for a general audience is difficult and time-consuming.
- Adapting language for diverse literacy levels and cultural backgrounds adds further complexity

2

Time and Resource Constraints:

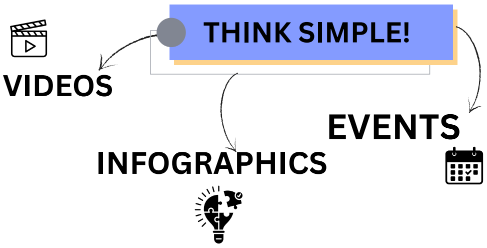
- Researchers often lack the time, funding, and expertise to effectively communicate their findings to broader audiences.
- Traditional academic structures prioritize publications in peer-reviewed journals, leaving less incentive for public outreach.



3

Fear and power imbalance

- Many vulnerable minority communities fear what may be done with their information. Communities remain isolated from research due to Institutional discrimination. With the added complexity of researchers having a position of power, it is often dififcult to disseminate findings to the corect groups as we are unable to contact or work with them.



THINK SIMPLE!

VIDEOS

INFOGRAPHICS

EVENTS

What can we do?

Patient and Public Involvement: Connect with communities early on within research. By understanding their needs, wants and experiences, findings can be more effectively disseminated.

Co-production: By working with these groups throughout the research process, it is possible to gain trust and understanding from communities that were previously not accessible. Co-production members often have established networks and connections that can help to disseminate findings to a broader audience .

Costings: By factoring in the time and costs of dissemination, it is possible to create, accessible and interesting research findings that are tailored to the needs of specific audiences

Akrivia:
A New Data Explorer Tool

AKRIVIA LEADS GLOBALMINDS PRECISION NEUROSCIENCE INITIATIVE TO ACCELERATE RESEARCH AND TREATMENT DEVELOPMENT

GlobalMinds is a 50,000-participant precision neuroscience initiative developed and led by Akrivia Health, designed to improve diagnostic accuracy and uncover novel treatment options for the most challenging conditions in neuropsychiatry and neurodegenerative medicine.

Do you have a research, service evaluation, or audit question?

We're offering a limited number of test projects using the new Akrivia platform.

Akrivia makes working with patient data easier. Instead of manually searching through notes, letters, and emails, it organises and anonymises the data, making it quick and simple to search.

Akrivia allows you to create custom groups of service users based on things like diagnosis, medication, and demographics, helping you ask more detailed questions.

How have we used Akrivia so far?

We've used Akrivia to identify service users to take part in research, who would not have been otherwise offered this opportunity. It has been used to investigate coding accuracy in patient records, comparing coded diagnosis to diagnosis stated in written notes.

We're inviting staff with research, service evaluation, or audit requests to express their interest via email akriviaadmin.lypft@nhs.net to access a MS Form.

Please contact us if you want to learn more about the Akrivia platform.

We are currently taking part in GlobalMinds a study that is using the Akrivia platform.

https://akriviahealth.com/solutions/uk-minds/

Hello my name is...

Anna Harrold

I have recently joined the Leeds R&D team as Research Assistant and will initially be supporting the moreRESPECT study, a randomised controlled trial on sexual health promotion for people with severe mental illness. I will be involved in conducting interviews with participants accessing community mental health services in Leeds, to explore the potential benefits of additional, specialized, sexual health promotion among this service user group. As well as 10 years experience in higher education research administration and development, I have recently built experience in directly supporting service users within various NHS and third sector settings, most recently as an Assistant Psychologist in the Perinatal Mental Health Service. I have a Masters degree in the Psychology of Child Development and Education, and a strong interest in developmental psychology and the mental health and wellbeing of children and families. I'm passionate about supporting caregivers to give their children the best possible start in life.

Rachel Heap

Hello my name is Rachel and I am one of the Research Assistants that has joined the Leeds R&D Team. I am very excited to start this new role and will be assisting with various research projects. I have a degree in Psychology from the University of Huddersfield and a Masters in Psychological Approaches to Health from the University of Leeds. I have previously worked as a Community Rehabilitation Assistant and Support Worker where I enjoyed supporting individuals with both their physical and mental health needs and goals. Whilst I was at University, I worked on my own research projects and was actively involved in several volunteering opportunities that included inputting data from self-reported questionnaires and collecting data via interviews.

Emmanouela Kampouraki

I am a Research Programme Manager. I support both the MESH programme for student mental health nurses, and also staff at LYPFT in developing their research skills, whilst Wendy is on maternity leave. I am a Pharmacist by background, a passionate researcher and a strong advocate of research within the NHS as part of every job role. I believe research is the biggest drive of change and improvement of care for our service users. I am Greek and I love travelling with my family (both to Greece and around the world), cooking (as you'd expect from a real Greek) and any form of exercise, particularly reformer pilates.

Susannah Strong

Hello! I'm excited to introduce myself as LYPFT's new Patient Research Ambassador. I'll be chairing the HEER (Help from Experts by Experience) group at its monthly meetings, supporting researchers to involve people with lived experience in their work, and ensuring those voices are heard across all aspects of mental health research.

When I began my career as a mental health journalist in the early 1990s, people with lived experience were rarely consulted about research or treatment. At the time, the Conservative government's community care policy was moving people out of hospitals and into the community - often without adequate support. Media coverage was often negative, reinforcing harmful stereotypes linking mental illness with violence.

I worked with people with lived experience to amplify their voices and challenge stigma, particularly around psychosis. At Mental Health Media, a charity promoting better mental health representation in the media, I trained individuals in media skills so they could confidently share their stories and experiences.

In 2011, I was commissioned by the Footballers' Association to write The Footballers' Guide to Mental Health, following media coverage of players struggling with addiction and mental health issues. The guide, illustrated by Paul Trevillion (of Roy of the Rovers fame), used cartoons and case studies to encourage players to seek help early. After the tragic death of Wales manager Gary Speed, the guide gained international attention and helped establish a network of counsellors for professional footballers. At the time, it was still rare for players to speak openly about mental health.

More recently, from 2022, I served as the Patient and Public Involvement and Engagement Lead at NHS Digital. I chaired the DigiTrials co-development panel, a diverse group of people with lived experience who worked to improve communication and representation in clinical trials. Their input directly influenced how NIHR's Be Part of Research was presented to the public.

Together, we co-produced a range of communication materials, including two animations that explain clinical trials in simple, visual terms. These are still available on YouTube today and continue to help make research more accessible to a wider audience.

Lavendar Yeung

I'm Lavender, and I've recently taken on the role of Research and Social Media Communications Officer with the Leeds R&D team. This is an exciting and dynamic position that combines patient and public involvement with creative communication to engage with a diverse range of communities - including refugee and asylum seeker groups both locally and further afield.

A big part of my role involves reaching out to these communities and working closely with them to ensure their voices are heard in research. I also create and manage social media content across platforms like Instagram and TikTok to share important mental health messages in engaging and accessible ways. For example, we have a podcast series featuring asylum-seeking mums and health professionals sharing their personal journeys and mental health advice.

One of the projects I'm currently working on is a collaboration with a restaurant in Harrogate for a food bank challenge series. The aim is to raise awareness about how asylum seekers and refugees can use food bank items to create culturally sensitive, nutritious, and delicious meals - while also providing practical cooking tips specifically for asylum-seeking mums.

We're also developing a series of easy-to-understand explainer videos about mental health conditions, designed to make information more accessible to everyone.

This role offers a fresh perspective on research communication by using social media and other media formats to connect with the public and reach groups that are often hard to engage. It can be challenging at times, but it's incredibly rewarding to help promote inclusion and ensure that underrepresented voices are involved in shaping research that affects their lives.

Mortality and its predictors among people with dementia receiving psychiatric in-patient care

Background

Although dementia is a terminal condition, palliation can be a challenge for clinical services. As dementia progresses, people frequently develop behavioural and psychological symptoms, sometimes so severe they require care in specialist dementia mental health wards. Although these are often a marker of late disease, there has been little research on the mortality of people admitted to these wards.

Aims

We sought to describe the mortality of this group, both on-ward and after discharge, and to investigate clinical features predicting 1-year mortality.

Method

First, we conducted a retrospective analysis of 576 people with dementia admitted to the Cambridgeshire and Peterborough National Health Service (NHS) Foundation Trust dementia wards over an 8-year period. We attempted to identify predictors of mortality and build predictive machine learning models. To investigate deaths occurring during admission, we conducted a second analysis as a retrospective service evaluation involving mental health wards for people with dementia at four NHS trusts, including 1976 admissions over 7 years.

Results

Survival following admission showed high variability, with a median of 1201 days (3.3 years). We were not able to accurately predict those at high risk of death from clinical data. We found that on-ward mortality remains rare but had increased from 3 deaths per year in 2013 to 13 in 2019.

Conclusions

We suggest that arrangements to ensure effective palliation are available on all such wards. It is not clear where discussions around end-of-life care are best placed in the dementia pathway, but we suggest it should be considered at admission.

The full report can be read here: https://www.cambridge.org/core/journals/bjpsych-open/article/mortality-and-its-predictors-among-people-with-dementia-receiving-psychiatric-inpatient-care/0E578FD52A40B1938E2E9A0D42B15525

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Other researchers

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Exploring Individuals' Experiences of CBT for Bulimia Nervosa

Background

Bulimia nervosa is an eating disorder that is characterised by a cycle of the consumption of a large quantity of food followed by compensation through means such as excessive exercising, laxative use and induced vomiting. Bulimia nervosa has been associated with both negative mental and physical health outcomes, and the number of people in the United Kingdom living with this eating disorder is increasing. Cognitive behavioural therapy (CBT) is the leading choice of therapy to treat bulimia nervosa, however there are mixed findings regarding its efficacy. There is limited qualitative research exploring people's experiences of undergoing cognitive behavioural therapy for bulimia nervosa, and no research in this area to date has included men's views. Therefore, the overall aim of this study was to explore individuals' experiences of receiving cognitive behavioural therapy to treat bulimia nervosa, with an interest in participants' experiences of recovery, relapse and support needs following

Method

This qualitative study explored the experiences of sixteen individuals, fourteen women and two men, between the ages of 21-62 who had received cognitive behavioural therapy to treat bulimia nervosa in the UK. The data collected during semi-structured interviews with participants was analysed using reflexive thematic analysis applying a critical realist and contextualist theoretical lens. Patient and Public Involvement with various key stakeholders informed aspects of this project.

Findings

Three key themes were identified from the analysis. The first theme "The Challenges of Access to Treatment", detailed the impact of the GP on participants' initial referral to CBT, and time spent on the waiting list. The second theme, "CBT Structure is Not a One Size Fits All", discusses the motivation to engage in therapy and recover, the impact of the therapeutic relationship, and the mode of therapy delivery. The third and final key theme, "Navigating the End of Therapy, Recovery, and Beyond", explores body image and fear of weight gain as barriers to recovery, further support needs post- therapy, and coping strategies.

Conclusion

This study highlighted the difficulties faced by people with bulimia nervosa in relation to accessing treatment, undergoing cognitive behavioural therapy and the often unmet support needs once treatment ends. It is key that healthcare professionals receive eating disorder education to lessen stigmatisation experienced by individuals who seek help for bulimia nervosa, which is an area health psychologists can play a key role through designing and facilitating training. Cognitive behavioural therapy may be more beneficial for people who are more motivated to engage with treatment and recover, however there are challenges surrounding assessing motivation and using this metric as a means of prioritising patients on the waiting list. Whilst not every person will need further support following treatment, it is important that follow-up calls or relapse prevention interventions are offered for those who would benefit from these in their recovery.

Anne-Mairead Folan, The University of the West of England, Anne2.Folan@live.uwe.ac.uk

Supervised by
Dr Nicole Paraskeva and Julian Bath, The University of the West of England.

Psyched hosts National Student Psychiatry Conference

This February, Psyched (University of Leeds Psychiatry Society) had the privilege of hosting the annual National Student Psychiatry Conference (NSPC). This was an entirely student-led conference, hosted in collaboration with the Royal College of Psychiatrists.

Welcoming over 100 delegates from across the UK, this year's event was the largest-selling NSPC to date. The event focused on the theme: Nature vs Nurture. Attendees enjoyed a jam-packed schedule featuring engaging talks, hands-on workshops, impressive student-led research presentations and an exciting competition between psychiatric sub-specialties.

The conference created a valuable space for students to connect with psychiatrists and peers, encouraging interest in psychiatry as a specialty and providing opportunities to network. It also empowered students to showcase their research and contribute their perspectives to meaningful discussions around psychiatry and mental health.

The event would not have been possible without the hard work of the conference directors, Gurleen Bansal and Sahar Ali, and the dedicated committee: Olivia Carson, Imogen Laasch, Lily Else, Amar Segal, Nikita Sanctis, Shan Sunny, and Zainab Fadhal. Equality, diversity and inclusion was at the heart of the conference, with the team working tirelessly to ensure accessibility and deliver a high-quality experience for all attendees.

Feedback was overwhelmingly positive feedback, with standout talks including Evolutionary Psychiatry by Annie Swanepoel, The Developmental Origins of Mental Illness by Kevin Mitchell, The Social Contagion of Neurodiversity by Terrence Isaacs, Consciousness in Psychiatry by Richard Breeze, and A Child's Perspective; a lived experience talk by Natasha Manning.

We are grateful for the support of Leeds Medical School and Leeds and York Partnership NHS Foundation Trust. We want to share gratitude to Max Henderson, Sharon Nightingale, and Anne Cooper, who helped us every step of the way. We also extend our sincere thanks to Clare Wyne Mackenzie, Katerina Samuel, and Declan Hyland from the Royal College of Psychiatrists for their invaluable support.

This conference was highlighted at the Worsley Awards 2025, winning the Best Educational Event. We are proud to have played a part in expanding interest in the field of Psychiatry and look forward to future opportunities to continue this momentum!

Gurleen Bansal and Sahar Ali, NSPC 2025 Directors, University of Leeds

The mealtime experiences of adults with mental illness living on inpatient wards

Background

Dysphagia, its associated risk of choking, and the impacts on quality of life, are serious concerns for people with mental illness and their caregivers. Prior research has highlighted the prevalence of premature, preventable death from choking on food and the consequences of dysphagia on physical health. However, there is little known about the lived experience of dysphagia and choking for people with non-organic mental illness.

The aim of this study was to explore patients' perspectives of mealtime experiences on inpatient wards to improve understanding of dysphagia and risk of choking.

Method

This thesis presents an integrative literature review which drew attention to the medicalised perspectives in existing research regarding dysphagia and risk of choking in working age adults with non-organic mental illness. Thematic analysis highlighted a lack of information on patient experiences, insight and inclusion in the literature confirming the need for further research.

Consultation with patients and caregivers involved discussing the literature review themes and then co-designing interviews to investigate patients' perspectives of mealtime difficulties. The interviews included patients, staff, and speech and language therapists. Reflexive thematic analysis constructed themes relating to the heightened emotions associated with inpatient mealtimes.

Findings

Patient perspectives included themes of connections, autonomy, and the impact of stressful mealtimes on swallowing. Staff and speech and language therapists also presented insights on negative mealtime experiences and the impact on mental health recovery.

Conclusions

Synthesis of the themes raised important questions for patients' recovery and clinical practice. The stressful nature of mealtimes appeared counter to patients' wellbeing and recovery and impacted negatively on staff's and speech and language therapists' practice. Inpatient mealtimes are a missed opportunity to promote mental health recovery, build patient skills, and raise staff morale. There is clear need for further research into adapting and improving mealtimes on mental health wards.

You can read the full report online:
https://etheses.whiterose.ac.uk/id/eprint/35418/

You can watch the video online:
https://youtu.be/DIg2SLHk7vY?feature=shared

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Funding & Academic Training

Course Name	Details	Provider	Cost & additional Information	Link
NIHR Academic Clinical Fellowship	NIHR Academic Clinical Fellowships (ACFs) offer doctors and dentists the opportunity to develop research skills alongside their clinical training. These posts are designed for those interested in pursuing a clinical academic career and provide dedicated time for research and academic development at Masters-level. ACFs are available across a range of specialties and are a key stepping stone toward a PhD or further academic training.	NIHR	Duration: Typically 3 years Fully funded	https://www.nihr.ac.uk/funding/2025-academic-clinical-fellowships-medicine/97020
PhD/MPhil Mental Health	The PhD/MPhil Mental Health programme enables you to undertake a research project that will improve understanding of Mental Health. The postgraduate research programmes in mental health are based on individually tailored projects. Applicants are specifically matched with a primary academic supervisor according to their research interest and background.	The University of Manchester, School of Psychological Science	Duration 3-4 years PhD, 1-2 years MPhil PhD (full-time) UK students (per annum): Standard £TBC, Low £11,500, Medium £17,500, High £23,500 PhD (part-time) UK students (per annum): Standard £TBC, Low £5,750, Medium £8,625, High £11,750	https://www.manchester.ac.uk/study/postgraduate-research/programmes/list/10943/phd-mphil-mental-health/
PgCert Approved Mental Health Professional (AMHP)	A course designed for qualified professionals in mental health who wish to become Approved Mental Health Professionals (AMHP). Covers ethics, law, policy, and recovery-focused practice.	Sheffield Hallam University	£3,540 for the course. Full-time (5 months). Approved by Social Work England.	https://www.shu.ac.uk/courses/social-work/pgcert-approved-mental-health-professional-amhp/full-time

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
Researcher Development Course	This course is designed to introduce some of the core skills required to carry out research successfully. It is suitable and recommended for clinicians who want to improve their understanding of research.	Imperial College London	Duration: 2 x 2 days Fees: - £685 (for both modules) - 10% discount for CAHPR & CHAIN members Venue: Online & South Kensington Campus	https://www.imperial.ac.uk/continuing-professional-development/short-courses/medicine/research-skills/intro-course/
Approaches to Patient and Public Involvement (PPI)	Free recording of a webinar, to learn about PPI. Length: 60 min.	NIHR	Free.	https://www.youtube.com/watch?v=4-64PbZA0iQ
Developing your research question	Recorded session from the NIHR Doctoral Training Camp 2024 which explores how to identify, develop and refine a good research question. Length: 30 min.	NIHR	Free.	https://www.youtube.com/watch?v=84RNro-1YG0
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
Critical Appraisal - A Beginners Guide	Training to support healthcare staff in Leeds to search online information resources effectively, critically appraise healthcare literature, and improve awareness of the health literacy needs amongst our patients.	Leeds Libraries for Health - A Collaboration between the LYPFT library and other healthcare libraries in Leeds.	Free - A schedule of group courses delivered via MS Teams are offered throughout the year.	https://www.leedslibraries.nhs.uk/information-skills-training
Writing for Publication				
Health Literacy Awareness				
Searching Skills				
30th International Mental Health Nursing Research Conference	A hybrid event offering global networking opportunities for mental health professionals and researchers.	St Catherine's College, Oxford	Various ticket options available. Event dates: September 18-19, 2025.	https://www.eventbrite.co.uk/e/30th-international-mental-health-nursing-research-conference-in-person-tickets-1249334034729

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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