



East Anglia Hub
Mental Health Research Network



**National Institute for
Health Research**

NEWSLETTER 44

January 2012

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Hub Update

A Happy New Year to all our readers from everyone in the East Anglia Hub, and welcome to our first newsletter of 2012. Staff changes in the Hub continue and we would like to welcome Sally Hurford, (CSO Peterborough) and Inderpal Panesar (CSO Norwich) to the team.

January has also seen the merger of Suffolk Mental Health Partnership and Norfolk and Waveney Mental Health NHS Foundation Trust. We look forward to working with the newly established Norfolk and Suffolk NHS Foundation Trust.

We have seven new studies on our books, (pg 2-3) plus there is a more detailed look at one of our recent studies on page 8.

Event reports on the Peterborough Symposium and the National Carers' Conference can be found on pages 7 and 10. In addition there is an upcoming event on self-harm - details are on page 9.

Last but not least, Linda's Recipe Corner has a heart warming casserole in store, just in case winter decides to make an appearance.



How to run a project on the Network

Applications to run a project on the MHRN must be made to the 3As Committee.

Application forms can be downloaded from: www.mhrn.info

Dates for next committees are:

23rd February

5th April

17th May

NIHRMHRN Aims and Benefits

Aims:

- To organise and deliver large-scale research projects to inform policy and practice as it develops, and to help services implement change.
 - To broaden the scope and capacity of research, including full involvement of service users and carers in commissioning and delivering research.
 - To help identify the research needs of mental health (particularly in health and social care), working with frontline staff, service users and carers.
- To develop research capacity through a range of initiatives at a local, regional and national level.

Benefits:

- Provides instant access to a number of clinical and academic centres.
- Brings together research and providers of mental health and social care services.
- Offers a broad scope, covering all mental health disciplines.
- Offers support and guidance on research governance issues, data protection and ethical matters.
- Co-ordinates the management of all subcontracts to individual centres.

New Studies

Early Recognition of Accelerated Ageing as a Pathway to Effective Substance Abuse Treatment

Chief Investigator: Dr Karen Ersche
Lead Organisation: University of Cambridge

This study will determine cognitive decline and hence additional needs of stimulant-dependent individuals over 50 years of age, and establish the peripheral markers of drug-induced accelerated ageing. These data will inform a model to define the service requirements for effective substance abuse programmes, which is needed in the light of the growing numbers of older drug users. The data will also validate the use of peripheral markers in the blood for the use of predicting cognitive decline accelerated by stimulant drugs. Early recognition of premature cognitive decline and the characterization of needs of older drug users will provide foundations for establishing individualized cognitive rehabilitation treatment programmes for older adults with problem drug use.

How can health services contribute most effectively to facilitating successful transition of young people with complex health needs from childhood to adulthood?

Chief Investigator: Prof. Allan Colver
Lead Organisation: Northumbria Healthcare NHS Foundation Trust

The overall aim of the Programme is to promote the quality of life and health of young people (YP) with complex health needs (CHN) by generating evidence to enable NHS Commissioners and Trusts to facilitate successful transition of YP from child to adult health care, thereby improving health and social outcomes. The three objectives of the project are to work with YP with CHN to determine what successful transition means to them and what is important in their transitional care; to identify the features of transitional care that are effective and efficient and to determine how transitional care should be organised, provided and commissioned.

An observational post-authorisation safety specialist cohort event monitoring (SCEM) study to monitor the safety and utilisation of asenapine (Sycrest) in the mental health trust setting.

Chief Investigator: Prof. Saad Shakir
Lead Organisation: Drug Safety Research Unit

Asenapine is a novel atypical antipsychotic agent, which was approved, as a sublingual tablet (SYCREST®), by the European Commission in September 2010 for the treatment of moderate to severe manic episodes associated with bipolar I disorder in adults. This postmarketing safety study of asenapine is to be carried out by the Drug Safety Research Unit (DSRU) as part of a broader Post-Authorisation Commitment requested by the Committee for Medicinal Products for Human Use (CHMP) to further investigate the safety profile of asenapine in clinical practice. The aim of this Specialist Cohort Event Monitoring (SCEM) study is to proactively monitor the short-term (up to 12 weeks) safety and drug utilisation of asenapine as prescribed to patients by psychiatrists in a mental health care trust setting in England. This study will enable the systematic collection and reporting of safety data on patients newly initiated on treatment with asenapine, with a particular focus on obtaining information on patients who stop taking asenapine prior to transfer of care to their GP. Its purpose will be to provide information on a large number of such patients and the treatment they received in a mental health care trust clinical practice setting.

New Studies (continued)

Evaluation of mirtazapine and folic acid for schizophrenia: A large simple 2x2 factorial trial

Chief Investigator: Prof. John Geddes
Lead Organisation: University of Oxford

Antipsychotic medicines are widely prescribed for schizophrenia and for many patients are very effective. However up to 40% of patients have a poor response to antipsychotic drugs and continue to experience moderate to severe psychotic symptoms, both positive and negative. There is some evidence that, for people for whom antipsychotic medicines are not fully effective, the addition of mirtazapine, an antidepressant, may lead to a reduction in symptoms. It is also possible that addition of folic acid will lead to an improvement of symptoms. OCTUMI-4 is a multicentre trial investigating the effects of adding mirtazapine and folic acid to existing therapy for people with schizophrenia.

The cognitive profile of early-onset obsessive-compulsive disorder

Chief Investigator: Prof. Barbara Sahakian
Lead Organisation: University of Cambridge

Obsessive Compulsive Disorder (OCD) occurs in approximately 2% of children and adolescents, 41% of whom continue to suffer into adulthood. The key features of OCD are intrusive, distressing obsessions and disruptive compulsions, which significantly interfere with a young person's normal routine, educational functioning, social activities, and/or relationships with others.

Extensive research has been done on the cognitive deficits associated with adult obsessive-compulsive disorder (OCD); cognition in juvenile OCD, on the other hand, has only recently begun to garner attention. This understudied area may yield valuable insights into both the juvenile and adult onset forms of the disorder.

Juvenile and adult OCD are similar; however, some studies have reported notable differences, both in terms of symptoms and the structure and function of the brain. Despite this, few studies have examined cognition in juvenile OCD patients, and the studies that have, have yielded inconsistent results. This study will seek to establish a cognitive profile of juvenile OCD using five tests – from the extensively validated Cambridge Neuropsychological Test Automated Battery – that have been used to establish a cognitive profile of adult OCD.

Olanzapine add on study in subjects with functional psychosis

Chief Investigator: Prof. John Geddes
Lead Organisation: University of Oxford

A randomised, double blind, placebo controlled parallel group pilot study of 40:1 ratio of formulated GWP42003: GWP42004 in the treatment of iatrogenic weight gain and dyslipidaemia associated with Olanzapine treatment in subjects with functional psychosis

ARRIVE Covance

Chief Investigator: Dr Gonzalez
Lead Organisation: Birmingham & Solihull Mental Health Trust

A multicentre, open-label study to assess hospitalisation rates in adult subjects with schizophrenia treated prospectively for 6 months with Aripiprazole IM depot compared with 6 months retrospective treatment with oral antipsychotics in a naturalistic community setting in Europe, Canada and Asia.

'PARADES'

Advanced Directive Evaluation Project on Mental Capacity and Bipolar Disorder.

The study invites Psychiatrists (including SHOs, SPRs and Consultants) to complete a survey on their experience in the use of the mental capacity act (MCA) to plan in advance for the severe episodes of illness.

It doesn't matter if you have no experience in using the MCA for advanced directives; it is open to people with little or no experience and to people with lots of experience.

The survey is available to complete online at the following link: <http://tinyurl.com/3o5qr5k>. It takes approximately 30 minutes to complete. There is an information sheet available at this link with more information and contact details for the study team.

By completing this survey, you will be helping to improve awareness of the importance of planning ahead for times of illness, as well as highlighting how relevant this is to people who have bipolar disorder. High levels of participation in this portfolio adopted study will also be beneficial to CPFT, NSFT and SEPT.

Service users with Bipolar Disorder are also invited to take part in the study.

If you would like to know.....

- How to access the service user version survey
- How to refer service users to the survey
- How to access a paper copy of the survey
- Any other information about the study

..... please contact:

- Lorna Jacobs for Cambridge (01223 746087 or email lorna.jacobs@cpft.nhs.uk)
- Lauren Wright for Suffolk (07958 118906 or email lauren.wright@nsft.nhs.uk)
- Flora Wilson for Bedfordshire (01234 299903 or email florawilson@nhs.net)
- Sally Hurford for Peterborough (01733 316701 or email Sallyanne.hurford@cpft.nhs.uk)
- Gabe Abotsie for Norfolk - Gabriel.Abotsie@nsft.nhs.uk

PROJECTS ACTIVELY SUPPORTED BY THE EAST ANGLIA HUB

Projects in set-up:

AdePT

Chief Investigator: Glenys Parry
Funded by: NIHRfPB

To gain a greater understanding of the phenomenon of negative effects in psychological therapies.

BeneMin

Chief Investigator: Bill Deakin
Funded by: NIHR EME

The Benefit of Minocycline on Negative Symptoms in Schizophrenia: Extent and Mechanisms

Guanfacine Hydrochloride in Paediatric ADHD

Chief Investigator: Dr Harpin
Funded by: Industry funded

A phase 3 double blind placebo controlled multi centre randomised withdrawal long term maintenance of efficacy and safety study of extended release Guanfacine Hydrochloride in Children and Adolescents aged 6-17 with Attention Deficit/ Hyperactivity Disorder

ICCAM Platform

Chief Investigator: David Nutt
Funded by: MRC

New drugs for addiction: focus on attenuating core behavioural components of heroin, cocaine and alcohol addiction and relapse prevention

Open Projects:

ASPECTS

Chief Investigator: Richard Meisser-Stedman
Funded by: MRC

Cognitive Behavioural Therapy (CBT) as an early intervention for post-traumatic stress disorder (PTSD) in youth: preliminary efficacy and mechanisms of action

CEQUEL

Chief Investigator: John Geddes (Oxford)
Funded by: The Medical Research Council

Comparative Evaluation of Quetiapine-Lamotrigine combination versus Quetiapine monotherapy (and folic acid versus placebo) in patients with bipolar depression.

CIMTIPPA

Chief Investigator: Laura Jobson
Funded by: NIHR

Investigating Cultural Influence on the Memory of Trauma and Implications for Posttraumatic Psychological Adjustment

CORE Phase 1 study 1, CORE Phase 1b, CORE Phase 1c

Chief Investigator: Sonia Johnson
Funded by: NIHR

Optimising team functioning, preventing relapse and enhancing recovery in crisis resolution teams: the CORE programme (CRT Optimisation and RELapse prevention)

N-ALIVE

Chief Investigator: John Strang
Funded by: MRC, EPSRC and BBSRC

Prison-based Naloxone-on-release randomised controlled trial to reduce heroin overdose deaths.

New Ways of Working

Chief Investigator: Steve Gillard
Funded by: NIHR SDO

Assessing and informing the emergence of Peer Worker roles in mental health service delivery

OCTET₁

Chief Investigator: Karina Lovell
Funded by: HTA

Obsessive Compulsive Treatment Efficacy Trial

Risk Factors of Perinatal Disorders

Chief Investigator: Paola Dazzan
Funded by: NARSAD

Examining stress response in women at risk of perinatal mental health disorders

Crossing the Divide

Chief Investigator: Declan Murphy
Funded by: NIHR

Assessing diagnostic procedures for Autism Spectrum Disorders and Attention Deficit Hyperactivity Disorders in early adulthood

DPIM

Chief Investigator: Hugh Gurling
Funded by: MRC

DNA polymorphisms in mental illness—Identifying genes and their mutations increasing susceptibility to ADHD, Alzheimer’s dementia psychosis and alcoholism

ECHO

Chief Investigator: Janet Treasure
Funded by: NIHR

Does a proven intervention to improve functioning of carers also benefit the anorexia nervosa sufferer for whom they care? A pilot study of our Expert Carer Helping Others (ECHO) intervention.

EU-GEI

Chief Investigator: Peter Jones
Funded by: European Union 7th Framework Programme

European network of national schizophrenia networks studying Gene-Environment Interactions Work Package 2: Functional Enviromics



Open Projects actively supported (continued)

FEP1

Chief Investigator: Jeremy Coid
Funded by: NIHR

Follow-Up of First Episode Psychosis in East London

HIP

Chief Investigator: Richard Gray
Funded by: NIHR RfPB

Cluster randomised controlled trial of the Serious Mental Illness Health Improvement Profile

IMPACT

Chief Investigator: Ian Goodyer
Funded by: National Institute for Health Research Technology Assessment Programme

Randomised Controlled Trial of Brief Psychodynamic Psychotherapy, Cognitive Behaviour Therapy and Treatment as usual in adolescents with moderate to severe depression attending routine child and adolescent mental health clinics.

Janssen 3010

Chief Investigator: D.S Gonzalez-Naranjo
Funded by: Industry funded

Exploring the tolerability, safety and treatment response (maintained/improved efficacy), based on total PANSS score, of a transition to flexibly dosed paliperidone palmitate in subjects with schizophrenia previously unsuccessfully treated with oral or long-acting injectable (LAI) antipsychotics.

Mood Disorder RCT

Chief Investigator: Richard Morriss
Funded by: NIHR CLAHRC

Randomised controlled trial of the clinical and cost effectiveness of a specialist mood disorders team for refractory unipolar depressive disorder

OASIS

Chief Investigator: Tony Hale
Funded by: Industry funded

To monitor the short-term use and safety of two types of Quetiapine by psychiatrists under normal conditions of use

PET

Chief Investigator: Fiona Nolan
Funded by: NIHR RfPB

A preliminary comparison of acute mental health inpatient wards which use Patient Engagement time, with other wards delivering standard care alone .

Parades

Chief Investigator: Peter Bartlett
Funded by: NIHR

Advance Directive evaluation in Bipolar Disorder

PaSSa

Chief Investigator: Peter Langdon
Funded by: NIHR RfPB

A randomised controlled trial of group cognitive behavioural therapy for anxiety disorders amongst people with Asperger Syndrome

REACT

Chief Investigator: Paul Wilkinson
Funded by: MRC

Cortisol Hyper-Reactivity to Stress - A Putative Biomarker for Major Depressive Disorder

SEPEA

Chief Investigator: Peter Jones
Funded by: the Wellcome Trust

Social Epidemiology of Psychoses in East Anglia

Servier CL2 20098-072

Chief Investigator:
Funded by: Industry

Efficacy of agomelatine given orally during 16 weeks in patients with Obsessive-Compulsive Disorder.

ShIMME

Chief Investigator: Shulamit Ramon
Funded by: NIHR RfPB

Shared decision making in psychiatric medication management

SuperEDEN

Chief Investigator: Max Birchwood
Funded by: NIHR

Sustaining Positive Engagement and Recovery (SUPEREDEN) – the next step after Early Intervention for Psychosis

The association between Autistic Spectrum Conditions (ASCs) and psychosis

Chief Investigator: Anthony Holland
Funded by: MRC

To confirm that (maternal) 15q11-13 CNVs occur more frequently than chance in people with ASCs and psychosis.

Other projects (open or in follow-up) hosted by the East Anglia Hub but not actively supported:

FEP
MDS
Conversion Disorder
DOMINO-AD
LEGS
Sudden death in Psychiatric in-patients and the relationship with psychotropic drugs

National Confidential inquiry into suicide and homicide by people with mental illness (NCISH)
A study to investigate the prevalence of mental illness among victims of homicide and the demographic, clinical and criminological characteristics of victim
PAATH
ROCKY
SCJS

VORAMSS
A study of psychotropic medication prescribing patterns in English prisons
Population risks
MR-IMPACT
AMICUS
OCTET
REAL
START
Learning Study
MCA-DoLS



The Peterborough Symposium
Tuesday 13th December 2011

Tim Bryson, former Director of Quality and Nursing, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) began the day by speaking about Patient Experience. He highlighted the principle “Nothing about Me Without Me” and stressed the importance of this as we should be able to influence what happens to our care. A good patient experience will meet both physical and emotional needs. The article 'High five for quality of care' (Health Service Journal, Alimo-Metcalf, 2011) analysed views of effective care from service-users, carers and staff. The most frequently mentioned aspect was working in partnership and this is the basis of the study, SHIMME, which is looking at Shared Decision making.

Professor Tim Kendall, Director National Collaborating Centre for Mental Health, Royal College of Psychiatrists, Executive Medical Director/Consultant Psychiatrist, Sheffield Health & Social Care NHS Foundation Trust spoke engagingly about NICE on Patient Experience.

Service user and carer experience has been incorporated into the NICE guidelines from the very start. The first recommendation in the first guideline (Schizophrenia) is to “Work in partnership with people with schizophrenia and their carers. Offer help, treatment and care in an atmosphere of hope and optimism. Take time to build supportive and empathic relationships as an essential part of care.” This is not based on any scientific evidence but on views of service users and carers about what was missing from their care.

The chapters of service user experience in the guidelines are getting better each time. For example, when updating the Depression guideline www.healthtalkonline.org was very helpful to get service user and carer experience stories.

For Person-Centred Healthcare, involve the person and provide clear information. There is a NICE quality standard for service user experience in adult mental health which includes optimism, respect, shared decision making, continuous care, access to services and support. It is understood that these may not be achievable at the moment but Trusts need to start working towards these acceptable goals.

Phil Alsop, The Bipolar Organisation spoke about his personal journey living with Bipolar Disorder. He emphasised the importance of continuity of care and the involvement of carers within any interventions. Phil considered it beneficial that he had been under the care of, and seen by the same psychiatrist for 20 years. This sparked a lot of discussion within the Symposium regarding discharge back to GP and the best way to manage this. Phil further asserted that it was helpful for his wife to learn about the signs and symptoms that would indicate a relapse so that she could accurately feed back to the doctors and they could respond quickly and appropriately.

Dr. Attila Vegh, Chief Executive of CPFT, started the afternoon off with a presentation which followed on from his previous talks to all CPFT staff. He spoke of the psychology behind changing behaviours at an organisational level and about some of the strategies he is using to turn around quality in the CPFT.

Dr. Manaan Kar Ray, Clinical Director Adults Division, Consultant Psychiatrist introduced a simple but effective tool to help improve clinical interactions, called the ‘Helpfulness Thermometer’. The idea behind this is to ask service users at the end of every session, how they would rate the session between 0 – 100%, before asking how it could be made 10% better. This is a quick method of feedback that is not reliant on additional paperwork, but that can help to improve service user satisfaction and clinician efficacy.

Dr. Sep Hafizi, Consultant Psychiatrist (CPFT) and **Dr David Dodwell, Consultant Psychiatrist (CPFT)** concluded the afternoon, with Dr. Hafizi focusing on early intervention and the beneficial outcomes of the CAMEO service. This was contrasted by Dr. Dodwell who presented his experience with assertive outreach. It was emphasised that both these teams are needed to ensure that good service is provided across all pathways and to meet the needs of all service users.

Becky Edmunds (Research Facilitator), Sally-Anne Hurford and Alison Stribling (Clinical Studies Officers)

In Depth

A randomised controlled trial of the clinical and cost effectiveness of a specialist mood disorders team for refractory unipolar depressive disorder

Principal Investigator, Cambridge : Dr. Rajini Ramana, Consultant Psychiatrist

Organisation: Cambridgeshire & Peterborough Foundation Trust

Chief Investigator: Professor Richard Morriss, University of Nottingham (Newsletter 43, Nov 2011)

Health outcomes associated with moderate to severe depression are poor for a substantial proportion of patients due to the persistence of symptoms and high rates of relapse. To date, no trials have been run of extended courses of intensive treatment for chronic depression, so there exists a great need to establish whether outcomes can be improved by optimising the delivery of currently available treatments to address these issues. This pragmatic randomised trial will compare clinical outcomes and cost effectiveness of treatment for chronic depression delivered within a specialist mood disorders team with usual care services. The trial is funded locally by the Cambridgeshire and Peterborough CLAHRC and is a collaboration with a CLAHRC-funded trial being undertaken at the University of Nottingham, led by Professor Richard Morriss.

The trial will include people who continue to meet diagnostic criteria for major depression following at least six months' continuous treatment in secondary care. The treatment phase of the trial, during which the specialist service and treatment as usual will be compared, will last for 12 months. The treatment phase will be followed by a 12-month follow up period. Both the specialist service and treatment as usual will offer NICE-recommended treatments for chronic and severe depression including psychiatric treatment, psychological therapy and specialist nursing. The specialist service will maximise the intensity, consistency and duration of the treatments. There will also be a strong emphasis on personalised care, tailoring the treatments to the individuals' circumstances and delivering psychiatric and psychological therapies in a complementary manner. In the treatment as usual group, treatments will be delivered as they would routinely be in an NHS mental health team, subject to the usual constraints of time and staffing.

The Cambridge Specialist Depression Service (CSDS) team are working with local community mental health teams to recruit participants who are currently receiving treatment for depression in secondary care.

Eligibility criteria for the trial are:

A primary diagnosis of unipolar depression

Currently meeting diagnostic criteria for depression despite having been in secondary care for a minimum of 6 months

Aged over 18 and able to give informed consent

Symptoms of moderate to severe intensity

We would also like to invite people who have lived experience of depression either as a carer or service user to become involved in the ongoing development of the project and the proposed specialist service. We will be holding informal meetings in early 2012 to begin this process and would welcome expressions of interest. Enquiries about the trial, the service and potential referrals to the trial are warmly welcomed by the CSDS team. For further information, please contact any member of the team on 01223 885782 or by email at CSDS@cpft.nhs.uk. *CSDS team:*

Professor Tim Dalgleish

Ms Emily Hammond

Ms Joy Hodgkinson

Ms Julie Mckeown

Dr Richard Moore

Dr Rajini Ramana

C2:AD Co-Director, Medical Research Council

Research Assistant

Specialist Nurse

Trial Administrator

Clinical Psychologist

Consultant Psychiatrist and Principal Investigator

Multicentre Study of Self-harm in England



Self-Harm in England National Study of Presentations to General Hospitals

Join us so we can share the findings from this national collaborative study.

Tuesday 13th March 2012

Derby Conference Centre: 9am to 4.30pm

Conference Information

In England and Wales there are at least 200,000 self-harm presentations (intentional self-poisoning or self-injury) to general hospital each year. The aim of the Multicentre programme of research is to conduct a series of related studies on the epidemiology, causes, clinical management, outcome and prevention of self-harm. Through a multicentre collaboration, the research provides representative and reliable data on self-harm in England, and makes a significant contribution to national guidance and strategy on both self-harm and suicide prevention. We would like to share with you a selection of the findings from the four broad areas of study:

Epidemiology and trends in self-harm

Clinical management of self-harm

Outcome of self-harm, including repetition and mortality

Pharmaco-epidemiology, including drug toxicology, and the impact of legislation.

Presenters on the day to include:

Professor Keith Hawton (Oxford), Professor Nav Kapur (Manchester), Dr Jayne Cooper (Manchester), Mr Keith Waters (Derby), Dr Helen Bergen (Project Coordinator), Sarah Steeg, Liz Murphy, Jennifer Ness (Researchers)

Conference Aims

To share the development and history of the Multicentre Study,

To present findings from the four broad areas of study,

To increase understanding of the needs and issues within this population,

To provide information that may help shape clinical delivery of care and services,

To demonstrate the benefits of collaborative approaches,

To celebrate the achievements of the study to-date and to consider future directions.

Attendance cost just £50 (to include refreshments and buffet lunch)

Contact Caroline or Keith on 01332 787780 or email MCM.conference@derbyshcft.nhs.uk

The conference will be of interest to clinicians who encounter self-harm and suicide in mental health and general hospital settings, liaison psychiatric staff, those who plan, commission and manage services, and psychiatric and public health researchers.

We believe there will be a high demand for the 110 places so please, **book early using the separate booking form.**

National Carers Research Conference

On the 2nd December 2011, CSOs from across the MHRN attended the National Carers Research Conference at the Institute of Psychiatry. The conference was an opportunity for carers, clinicians and researchers to make a unified effort to look at what research tells us about eating disorders, and of course what questions are still left unanswered.

Natalie Salimi (Cambridge CSO) was in attendance alongside representatives from other MHRN hubs who are involved in the MHRN adopted study Expert Carers Helping Others (ECHO). ECHO is a trial which has come from the Institute of Psychiatry (Professor Janet Treasure), looking to see if a proven intervention of providing additional support to the carers, also benefits those with an eating disorder who they care for.

Recovery stories both from the patients and the carers were shared and provided some insight into the bumpy road of recovery. These also highlighted a need for there to be flexible support which is both patient and carer centred - “not just an NHS number but a name”, which would help manage the “uninvited dinner guest” and the associated feelings of carer frustration and despair. Carers in the audience also shared their experiences and used the opportunity to get advice from other carers who had been invited to sit on the expert coaches’ panel at the conference. Listening to many carers’ highly emotive accounts it was apparent that many were exhausted by the perceived constant battle - both with their child and then with the services involved - and were clearly frustrated by being told what to do but not always how to do it.

Future research avenues in eating disorders were also discussed. A neurosurgeon from King’s College presented the idea of using deep brain stimulation to activate areas of the brains which have been seen to be underactive in those with eating disorders. He invited carers to feed back on the proposal and directed them to further research looking into this area.

Overall the conference had a very good level of attendance and appeared to be a source of comfort for carers to share experiences and also learn from others experiences. Such conferences can be described as fundamental when establishing a collaborative care model, as it provides the platform for those who are “experts” by experience to highlight what are the pertinent questions needing to be asked by the researcher and in what direction clinical practice needs to go.

The day’s discussions highlighted that although the journey to reach the point of recovery with eating disorders is extremely long, it need not be a lonely journey as there is support along the way if you know where to look for it. Such guidance was provided by this conference.

Natalie Salimi
Clinical Studies Officer

Regional Updates

Cambridgeshire

Promotion for the PARADES study continues in the Trust; please see page 4 of this newsletter for more details of how to take part in the survey.

IMPACT recruitment is well underway again in CPFT, with the recruitment total up to the end of December at 60 for the Trust.

For DPIM, Dr Sandilyan supporting the study in Huntingdon has some possible participants in mind, whom she will contact for their interest in taking part. In Cambridge, a meeting with Dr Denning, the PI, and Dr Atmakur, also supporting the study has been set up to discuss recruitment strategy for the area. Recruitment for the study will therefore soon be underway.

Approval from drug services in the region is being sought for Dr Karen Ersche's recently adopted study 'Early recognition of accelerated ageing as a pathway to effective substance abuse treatment'. Making the most of links made with the drug services we visited for Karen's Stimulant Dependence study, visits to promote the new study will be arranged soon.

With regards to the Stimulant Dependence study, visits for the DR-PADUA questionnaires have now finished due to the study having reached a sufficient number of questionnaires for analysis. The Hub team would like to thank all the drug services in the area for their support, without which the study would not have been possible. For the Cambridgeshire and Peterborough region the total number of questionnaires completed was 45, a significant achievement.

****Calling all CPFT clinicians****

CPFT is a Patient Identification Centre for a Study investigating the Efficacy of Agomelatine in adults with OCD. The main inclusion criteria is previous treatment with a Serotonin Reuptake Inhibitor. The study duration is 18 weeks. Anyone with potentially eligible clients is invited to email or call Alison at the MHRN on 01223 746029 (alison.stribling@cpft.nhs.uk) for further information.

Bedfordshire

Recruitment for DPIM is progressing well, with five patients so far recruited to the study and more assessments arranged for the New Year. Recruitment to PARADES has also started, and work is currently ongoing with the Local Collaborator, Dr Ratnayake, to invite psychiatrists and service users to complete the survey.

OASIS is open to recruitment and liaison work with the study team regarding strategies for identifying more psychiatrists to act as investigators is ongoing. If you are interested, please contact Flora Wilson on 07956 463208 or via email: florawilson@nhs.net.

Regional Updates - continued

ECHO is also open to recruitment and the team hope to have the first family recruited soon. Clinicians in the Luton CAMHS team and the Eating Disorder Service in Dunstable have started approaching potential participants, and liaison work with CAMHS teams in North and Mid-Bedfordshire about recruiting to the study is in progress.

Confirmation of final approval for CIMTIPPA is awaited from SEPT, and approval for ASPECTS is awaited from Bedford Hospital Trust.

Suffolk

Promotion for the Parades study has now started within the trust, with an advert on the intranet directing psychiatrists to the online link for the survey.

SEPEA continues within the Early Intervention Service with a total of 159 people on the log. The first referral has been received for the ECHO project and contact with the patient has been made.

IMPACT figures are now 16 for Ipswich CAMHS and 19 for Bury St Edmunds CAMHS. The Stimulant Dependence study has now finished with a total of 11 DR-PADUAs completed. Thank you to all the drug services that supported this study.

Following a significant push throughout December, HOMASH2 data collection and data entry on 172 participants is now complete for the audit on self-harm case management, which is great news. Thank you to all the staff at West Suffolk Hospital (WSH) and SMHP for their support in completing the audit.

The ASPECTS study at WSH has been approved by R&D and we are just awaiting the official approval letter before recruitment from the site can begin. Dr Jon Cardy will be acting as Local Collaborator for the study.

Norfolk

2011 ended on a high for Norfolk with just over 500 participants recruited since April '11. The PET study was the top recruiter once again with over 100 participants recruited so far.

A few changes have occurred since our last update - as from January 1st 2012, the Norfolk and Suffolk Mental Health Trusts merged so the newly named trust is **Norfolk & Suffolk NHS Foundation Trust**. We also welcome Inderpal Panesar who is the new Norfolk based CSO.

The Trust will be supporting lots of new MHRN studies over the next coming months (OCTET1, ADEPT and OCTUMI-4) so we are looking forward to getting these set-up and recruiting.

East Anglia Hub Clinical Studies Officers

Meet the Team

Hello, my name is Sally-Anne Hurford and I joined the MHRN East Anglia Hub as a Clinical Studies Officer at the end of November. I shall be based in Peterborough and will be supporting studies running throughout Peterborough.

I am originally from South Africa and have been in England since July 2009. I studied for my undergraduate degree at the University of Pretoria in South Africa and graduated with a B.SocSci Psychology and a B.SocSci Psychology Honours degree.

Following my first 4 years at University I decided to spend a summer working in the United States of America at a summer camp, which I really enjoyed. Towards the end of the summer, I was invited to return to the camp a few months later to work as a recreational specialist for 18 months. I have a passion for working with children and this experience enabled me to work with children and adults from a variety of different backgrounds and cultures. I was also privileged enough to work with groups of children who were visually impaired as well as children who were affected with HIV AIDS.

During the 18 months working in the USA, I began an MSc in Applied Forensic Psychology (distance learning) through the University of Leicester, which I completed in 2009. Shortly after completing my MSc in Applied Forensic Psychology, I emigrated from South Africa to England.

Since being in England, I have worked as a nursing assistant for CPFT, working mostly on the acute psychiatric wards in Peterborough. The role involved working as part of a multi-disciplinary team, engaging service users in activities and providing support. I spent a great deal of time having 1:1 conversations with service users when they were distressed and through this I developed an appreciation of the importance of having good communication skills when dealing with complex and difficult situations.

Whilst working as a nursing assistant, I also volunteered as an Assistant Psychologist at the Youth Offending Service in Peterborough which I thoroughly enjoyed. I worked on a project called 'Youth Justice Diversion and Liaison' which focused on diverting young offenders away from the criminal justice system by identifying their needs, providing them and their families with support and by referring them to other services where appropriate. Volunteering for the Youth Offending Services also allowed me to work closely with a mother of a young offender who needed extra support. I conducted weekly sessions with her which were based on Cognitive Behavioural Therapy principles.

Mental health research is something that I have always been interested in and I feel fortunate to have the opportunity to work as a Clinical Studies Officer, especially as part of such a fantastic team. I have been made to feel very welcome and supported from the first moment. I have begun my role by attending the various trainings required by the Trust and by shadowing some of the other CSOs, to whom I am extremely grateful for allowing me to tag along and ask an endless amount of questions. Some of the studies I will be supporting are ECHO, ShiMME, PARADES, START and ICCAM and I am looking forward to finding my feet and getting going.



NIHR Health Services and
Delivery Research programme

NHS
National Institute for
Health Research

Funding Opportunities with the NIHR Health Services and Delivery Research (HS&DR) programme

The HS&DR programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services, and is now accepting applications to its [researcher-led workstream](#). The closing date for applications is **Thursday 15 March 2012, by 1pm**.

Under the researcher-led workstream, the [HS&DR programme](#) will fund research to improve the quality, effectiveness and accessibility of the NHS. This includes both primary research and evidence syntheses, depending on the existing research and the most appropriate way of responding to important knowledge gaps. The aim is to fund research that will lead to improvements in health services that will be of greatest benefit to the NHS and to patients.

For more information and to access the application form and guidance notes, please click [here](#)

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To find out more visit
www.netscc.ac.uk/hsdr

Di-Jest: Linda's Recipe Corner



Sausage and Butter Bean Casserole

Protocol n = 4

Ingredients:

- 1 tbsp olive oil
- 6 sausages (spicy ones, Toulouse are good)
- 6 slices bacon, chopped
- 1 large leek, sliced
- 1 onion, sliced
- 1 garlic clove, chopped
- 1 chicken or vegetable stock cube, made up to 200ml
- 2 x 400g tins butter beans, drained and rinsed
- 1 x 400g tin chopped tomatoes
- A pinch of chilli flakes or chilli powder
- 1 glass of white wine (optional)
- Small bunch of parsley, roughly chopped (optional)



Method

Cook the sausages in a pan with a little oil. Remove from the pan and slice into chunks.

Start to brown the bacon in the pan, then add the leek, onion and garlic. Cook until the leek and onion have softened.

Return the sausages to the pan. Add the stock, butter beans, chopped tomatoes, chilli flakes/powder and the wine, if using.

Simmer for about 10 minutes or until desired consistency is reached.

Season with salt and pepper and add the parsley, if using.

Serve with crusty fresh bread for a one-pot meal.



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