



**East Anglia Hub**  
Mental Health Research Network



**National Institute for  
Health Research**

# NEWSLETTER 37

November 2010

### Inside this issue:

Hub Update	1
New studies	2
Hub Hosted studies	3-4
Norfolk and Suffolk CLRN Meeting	5-6
Funding Opportunities	6
National Scientific Meeting Flyer	7-8
Wedgewood House Open Day	9
Study Updates	10-11
Huntingdon Research Workshop	12-13
Meet the Team	14
Linda's Recipe Corner	15
Contact Details	16

### Hub Update

The clocks have gone back and the nights are drawing in, but research never goes into hibernation and the East Anglia Hub is no exception. In this issue we have updates on two very interesting studies running in our area: IMPACT and SEPEA (pg 10-11).

Our staff continue to attend events, such as the Open Day at Wedgewood House (pg 9) and the Norfolk and Suffolk CLRN conference (pg 6). You will find information on one of our new staff, Alison Stribling, CSO in Cambridge (pg 12). The Hub would also like to congratulate our Service Users in Research representative, Jo Fox, on giving birth to a beautiful baby girl.

Finally the East Anglia Hub is saddened to report the news that our recently appointed Primary Care Lead, Dr John Youens passed away unexpectedly last week. Dr Youens was very enthusiastic about research into mental health and primary care and fusing the link between them. He will be missed by the whole team.



### 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](http://www.mhrn.info)

Date for next committees are:

18th November

6th January 2011

17th February 2011

### 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

### **A 6-month, open label, prospective, multicenter, international, exploratory study of a transition to flexibly dosed paliperidone palmitate in patients with schizophrenia previously unsuccessfully treated with oral or long-acting injectable antipsychotics/ (paliperidone palmitate); Phase 3b**

Lead Organisation: Janssen

The primary objective is to explore the tolerability, safety and treatment response (maintained/improved efficacy), based on total Positive and Negative Syndrome Scale (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. Subjects may present either acute or non-acute symptoms of schizophrenia.

- 1) Improved efficacy (i.e., at least 20% improvement in total PANSS score at endpoint versus baseline) will be the primary endpoint for non-acute subjects transitioned from oral antipsychotics to paliperidone palmitate due to lack of efficacy of the previous oral antipsychotic treatment.
- 2) Improved efficacy (i.e., at least 30% improvement in total PANSS score at endpoint versus baseline) will be the primary endpoint for acute subjects transitioned from oral antipsychotics to paliperidone palmitate.
- 3) Maintained efficacy will be the primary endpoint for non-acute subjects transitioned to paliperidone palmitate due to lack of tolerability of or lack of compliance with the previous oral antipsychotic treatment or for non-acute subjects transitioned to paliperidone palmitate due to patient's wish.
- 4) For the group of non-acute subjects switching from LAI antipsychotics, the primary objective is to descriptively explore tolerability, safety and treatment response of switching from each individual LAI antipsychotic to paliperidone palmitate. Five different long acting injectable antipsychotics will be studied, each with a target of approximately 40 subjects.

### **Understanding the interface between the MCA 2005 DoLS and the MHA 1983**

Chief Investigator: Dr Isobel Clare

Lead Organisation: University of Cambridge

The purpose of this study is to investigate professionals' understanding, and the effects of, the interface between the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act 1983. DoLS were introduced in response to the 'Bournewood Gap', a legal loophole which had resulted in adults who lacked the capacity to consent to treatment or care for a mental disorder being treated as 'informal patients', in the same way as adult voluntary patients with full capacity. This loophole results in patients being admitted for treatment or care for a mental disorder with very little formality and with little recourse for appeal against that decision.

During the legislative process for DoLS, the pre-existence of a method for detaining individuals in the Mental Health Act 1983 was consistently emphasised, and it was made clear that the DoLS were to apply to an entirely different group of people compared to those who were sectioned under the MHA. However, the two groups of individuals are not as clear-cut as the policy would suggest. It is therefore important to make sure that professionals understand the interface and this study will focus on their experiences of applying the legislation and of making treatment decisions in practice. An additional focus on the categories of people who are assigned to different regimes, and on the care and treatment they receive under each, will be crucial in understanding the effects of the interface on service users and the ways a better integration of the two systems may be promoted.

## PROJECTS ACTIVELY SUPPORTED BY THE EAST ANGLIA HUB

### Projects in set-up:

#### **ASPECTS**

Chief Investigator: Richard Meier-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

#### **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

#### **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

#### **HIP**

Chief Investigator: Richard Gray  
Funded by: NIHR RfPB

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

#### **HoMaS2**

Chief Investigator: Navneet Kapur  
Funded by: NIHR

Hospital management of self-harm in England—study 2

### **Neurocognitive Endophenotypes in adult ADHD**

Chief Investigator: Ed Bullmore  
Funded by: MRC & Wellcome Trust

#### **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

#### **OASIS**

Chief Investigator: Tony Hale  
Funded by: Industry funded

To monitor the short-term (up to 12 weeks) use and safety of two types of Quetiapine by psychiatrists under normal conditions of use.

#### **SUPEREDEN**

Chief Investigator: Max Birchwood  
Funded by: NIHR

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

#### **The Effectiveness and Cost-effectiveness of Perinatal Psychiatry Services**

Chief Investigator: Louise Howard  
Funded by: NIHR

This project is a programme development project which aims to establish whether it is feasible to identify and collect data for women treated in general psychiatric wards, mother and baby units, and home treatment teams.

### Open Projects:

#### **Causes and Effects of Stimulant Dependence**

Chief Investigator: Karen Ersche  
Funded by: MRC

This study aims to investigate the genetic basis for stimulant dependence and wants to determine the effects of chronic stimulant abuse on the brain.

#### **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.

#### **Cognitive Mechanisms of Change in Delusion**

Chief Investigator: Philippa Garety and Elizabeth Kuipers (London)  
Funded by: the Wellcome Trust

Cognitive, emotional and social causes of psychosis: a translational study

#### **FIAT (MfM)**

Chief Investigator: Stefan Priebe  
Funded by: NIHR (HTA programme)

Financial incentives to improve adherence to psychiatric medication in non-adherent patients—a cluster randomised controlled trial

#### **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.

#### **Learning Study**

Chief Investigator: Graham Murray  
Funded by: MRC & NIHR

Learning, reasoning and motivation in psychosis and individuals at risks of psychosis



**Open Projects actively supported (continued)**

**LPOP Service Mapping 2010**  
 Chief Investigator: Carolyn Montana  
 Funded by: Dementia Strategy Care Task Force Group

The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams who work in general hospitals

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**MPTW**  
 Chief Investigator: Michael West  
 Funded by: NIHR SDO

Effectiveness of multi-professional team working in Mental Health

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**OCTET**  
 Chief Investigator: Tom Burns  
 Funded by: NIHR

Oxford Community Treatment Order Evaluation Trial

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**REAL**  
 Chief Investigator: Helen Killaspy  
 Funded by: NIHR Programme Grant for Applied Research

Rehabilitation and Effectiveness and Activities for Life: a multicentre study of rehabilitation services and the efficacy of promoting activities for people with severe mental health problems.

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**Structural and Functional Imaging and Cognitive Endophenotypes of Schizophrenia and their Longitudinal Variability**  
 Chief Investigator: Pradeep Nathan  
 Funded by: Industry funded

Behavioural testing and brain scanning to investigate cognitive changes in schizophrenia.

**SEPEA**  
 Chief Investigator: Peter Jones  
 Funded by: the Wellcome Trust

Social Epidemiology of Psychoses in East Anglia

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**START**  
 Chief Investigator: Peter Fonagy  
 Funded by: The Department for Children, Schools and Families

A collaborative evaluation of multi-systemic therapy in a UK context

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**Viewpoint**  
 Chief Investigator: Graham Thornicroft (Institute of Psychiatry, London)  
 Funded by: CSIP/NIMHE

Mental health tracker survey of experiences of stigma and discrimination in England

**Projects in follow-up actively supported:**

**National Eden**  
 Chief Investigator: Max Birchwood & Helen Lester (Birmingham)  
 Funded by: The Department of Health

A national evaluation of early intervention in psychosis services

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**PsyGrid**  
 Chief Investigator: Shôn Lewis (Manchester)  
 Funded by: The Medical Research Council

E-Science to facilitate clinical trials and longitudinal studies in first episode psychosis

- Other projects hosted by the East Anglia Hub:**
- Case-control studies of psychiatric in-patients who commit suicide in the first week of admission and suicides within 2 weeks of discharge from psychiatric in-patient care.
  - FEP
  - MDS
  - National Trends and Local Delivery in Old Age Mental Health Services: Towards an Evidence Base (Strand 1)
  - PARTNERS
  - AESOPS
  - 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
  - Moral ID
  - PAATH
  - ROCKY
  - SCJS
  - SPeEDS
  - ROOTS
  - ProCEED
  - Edie-2
  - TMT106522
  - Bridge
  - Super-C
  - VORAMSS
  - A study of psychotropic medication prescribing patterns in English prisons
  - Population risks

• **Closed projects:** ADAPT, BECCA, BALANCE, Doctor-Patient Communication, GAN, Nachbid, LPOP, LD-ROME, QOF, ISREP, SAGE, CONSEQ, The aetiology and prevention of in-patient suicide, Psych-BTS, Q-CHAT

## Norfolk and Suffolk Comprehensive Local Research Network (CLRN) Meeting

The Norfolk and Suffolk CLRN (N&SCLRN) meeting took place at Trinity Park in Ipswich on 15<sup>th</sup> October 2010. The conference was attended by over 100 people from across the region representing diverse clinical and academic backgrounds.

Professor David Scott Co-director of the N&SCLRN chaired the morning session setting the scene for an interesting and busy day. The morning's presentations by Dr Richard Watts, Chair of the N&SCLRN, Dr Jesus Perez, Hub Lead for the MHRN and Lydia Christopher, Head of Industry Operations for National Institute for Health Research (NIHR) focused on how the network had grown in each area. The range of achievements were highlighted and included increased recruitment across sites, improved Research & Development approval times and the continued involvement of industry.

Dr Jesus Perez gave an interesting and fast paced presentation – The “R” Factor. He discussed the need for capacity building and ways to achieve this through mapping clinicians' research interests and actively engaging potential participants through open days and providing research experience for junior psychiatrists. The difficulties in attracting industry funded research were discussed as currently pharmaceutical companies are bringing fewer drugs to market due to the high cost.

Dr Scott facilitated a Question and Answer session with members of the N&SCLRN core team. The first question highlighted that recruitment figures were closely monitored but the work to retain people within studies is not recognised. The panel responded in agreement and praised the work of clinical studies officers and research nurses in this pivotal role. The second question asked about funding in light of current government changes. The panel responded with cautious optimism that the embedded funding for NIHR will not be significantly cut in the comprehensive spending review, but all agreed the NIHR must continue to show value for money. The final question asked why researchers use language, labels and acronyms that create barriers for clinicians. The responder acknowledged this was a problem and advocated keeping the message simple and involving people face to face as much as possible.

The morning also included smaller concurrent group discussions focusing on the theme of '*working effectively with our partners*'. The first group facilitated by Natalie Barber looked at 'smoothing out the governance process'. The group discussed the two main systems: The Integrated Research Approvals System (IRAS) and the Co-ordinated System for gaining NHS Permission (CSP). While it was acknowledged these were better than previous systems, difficulties still arose.

After lunch the keynote speech was given by Dr Louise Wood from the Research and Development Directorate in the Department of Health. She discussed the financial position for research and shared hopeful news for continued funding, citing the white paper 'Equity and Excellence: liberating the NHS' which advocates a 'research intensive NHS'. She highlighted the achievements so far and the positive aspects of the Norfolk and Suffolk CLRN in relation to its national standing.

Next Denise Kendrick and Gosia Majsak-Newman shared their experiences of setting up a multi-centre study. Their key difficulties arose from the time delays in the local governance process. They felt that governance checks should be commensurate with the risks involved in the study and that a greater consistency across the NHS would be beneficial.

## Norfolk and Suffolk CLRN Meeting (continued)

The final speaker of the day was Dr Neil Macey; a GP from Stowhealth. He described his experiences of embedding research within his primary care practice. Dr Macey described his steep learning curve during three studies. He described the recruitment and retention issues including having too few and too many participants. These experiences and the unpredictable nature of the research work load have not put Dr Macey off and he continues to work towards embedding research into his practice.

Dr Andoni Toms closed the meeting and thanked everyone for their contributions and participation. The day was a success giving people the opportunity to network, gain new knowledge and share both positive and challenging experiences.

**Sue Jones**  
**Clinical Studies Officer**

## Funding Opportunities

The NIHR Service Delivery and Organisation (SDO) programme improves health outcomes for people by commissioning research evidence that improves practice in relation to the organisation and delivery of healthcare. It also builds research capability and capacity to carry out research amongst those who manage, organise and deliver services and to improve their understanding of the research literature and how to use research evidence.

### [10/1013: Research into promising local innovations in healthcare delivery in the NHS](#)

The is advertising a call for research into promising local innovations in healthcare delivery. Innovations to be researched are likely to have all or most of the following characteristics:

- Promising innovations in healthcare delivery which have a substantial potential benefit and could be applied more widely in the NHS.
- Being piloted, tested or implemented in a number of healthcare organisations.
- Involving the application of ideas or technologies introduced or transferred from other countries, sectors or settings.
- Focused on service delivery and management issues in healthcare organisations.
- And have not already been well explored and tested through research.

This call requires partnership between healthcare organisations and health service researchers with expertise in evaluation. For instance, a project evaluating a new form of diabetes care across a whole health economy might have input from an academic health services team, a lead clinician and the local diabetes network.

Applicants are asked to submit outline proposals for the above call by 5pm on Thursday 16 December. More information on this funding opportunity is available on the following website:

[http://www.sdo.nihr.ac.uk/10\\_1013.html?utm\\_source=call\\_alert\\_OCT&utm\\_medium=email&utm\\_campaign=10\\_1013\\_call](http://www.sdo.nihr.ac.uk/10_1013.html?utm_source=call_alert_OCT&utm_medium=email&utm_campaign=10_1013_call)



**The Mental Health Research Network supports research in England carried out with the help of people who use NHS services and people who work in them. Once a year, researchers, mental health professionals, meet together to discuss the studies we support.**

**Put the 2011 date in your diary now!**

For more information: email [eastangliahub@cpft.nhs.uk](mailto:eastangliahub@cpft.nhs.uk)



**Meeting theme:  
'Developmental and  
youth mental health  
research'**

**Our 2011 National  
SCIENTIFIC  
MEETING**  
**Wednesday 6,  
Thursday 7  
and Friday  
8 April in  
Cambridge**

**Meeting theme: 'Developmental and youth mental health research'**

**For more information**  
email [eastangliahub@cpft.nhs.uk](mailto:eastangliahub@cpft.nhs.uk)

**The Mental Health Research Network**  
is part of the National Institute for Health Research  
and is known as the NIHR MHRN.

**To find out more about our work**  
visit [www.mhrn.info](http://www.mhrn.info)

**The meeting  
will be held at:**  
West Road Concert Hall  
11 West Road  
Cambridge  
CB3 9DP

**and**  
Faculty of Law  
University of Cambridge  
10 West Road  
Cambridge  
CB3 9DZ



**The meeting dinner  
will be held at:**  
King's College  
King's Parade  
Cambridge  
CB2 1ST



**Institute of  
Psychiatry**



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## Wedgewood House Open Day

Three Clinical Studies Officers attended the Open day at Wedgewood House, in Bury St Edmunds, on the 20<sup>th</sup> October. Wedgewood House is part of Suffolk Mental Health Partnership NHS Trust and is comprised of three acute mental health wards. Northgate and Southgate provide treatment for adults of working age, while Westgate provides specialist care for older people. The open day was arranged to launch the proposed new model of care to be used at Wedgewood House but also to celebrate healthy living and mental health.

We had a stand alongside others which included the Bury Bipolar Group, Suffolk User Forum, local mental health organisations and the trust voluntary services department. Our stand attracted interest from both staff and the public and we were able to promote the role of the MHRN and the benefits of research.

Throughout the day there were various events running; showing off new facilities, explaining treatments and promoting healthy living. This, in particular, proved popular with tasty fruit smoothies prepared by the Occupational Therapists and quick, tasty recipe ideas for mid-week meals. The 'Haven' a new multi-faith room was opened with a blessing from the hospital chaplain. During the blessing we all chose a stone and warmed it with our hands. After the service, having infused the stone with our good wishes, we began a cairn; to help guide others and show that people before had passed by thinking of those that were to follow. Even on such a busy day it was a calm and relaxing place. For those service users, staff and visitors that come to use it I hope that they can reflect, contemplate and find peace there. A re-designed therapeutic garden was also officially opened, providing an attractive outdoor area as well as activity for those interested in gardening. I spoke to one lady who felt this was particularly beneficial during her recovery on the unit.



*The re-designed therapeutic garden at Wedgewood House*

There were interesting displays explaining the 'butterfly model' (an innovative, very person-centred way of caring for those affected by dementia), the productive ward and LEAN approach (which aims to reduce inefficiencies allowing more time for direct patient care) culminating in the Wedgewood model which staff and those involved in the unit were promoting. There has been a recent review of how the unit provides inpatient care. Sue Howlett, modern matron, said: "The aim of this review will be to redesign our client centered model of patient care, to one which is more flexible, more therapeutic yet reduces inefficiencies, so improving patient and carer experience." The open day was certainly a positive start for the implementation of the new model.

**Alison Stribling**  
**Clinical Studies Officer**

## Study Updates

### SEPEA

The SEPEA (Social Epidemiology of Psychoses in East Anglia) study began in August 2009 and will run for 3½ years. The aim of the study is to collect epidemiological data on all accepted referrals to Early Intervention services in East Anglia. This will enable us to study how incidence rates of psychosis vary by demographic characteristics and across the region.

We are also collecting clinical diagnosis information for individuals close to baseline and again at 3 years. This will allow us to assess changes in diagnoses over time and the possible sociodemographic correlates for this.

The main hurdle in setting up the study has been introducing effective data collection procedures in all Early Intervention services. This involved making the data collection as quick and straight forward as possible for the care co-ordinators involved. We also tried to fit in with current procedures within the service in order to capture the required information for all service users whilst not adding to the paperwork burden of mental health professionals.

Through successful promotion of the study (talks, leaflets, etc.), we have managed to get all Early Intervention Services within East Anglia involved and recruiting for the study. We are now trying to keep services engaged and interested in the study by providing regular feedback to teams. We will be presenting our first interim analyses to EI teams in late 2010 which we hope will provide services with vital information on the demographic profile of their client base.

We are grateful to the MHRN for their support in the successful promotion of the SEPEA study and the ongoing data collection procedures.

**Claire Stubbins**  
**Research Assistant**

### The IMPACT trial

Unipolar moderate to severe major depression (MD) in adolescents is a serious mental disorder which can impair subsequent adolescent development leading to academic underachievement, relationship breakdown with partners, peers, teachers, loss of self-confidence and an increased risk for self harm and suicide. Individuals who experience a depressive episode in their adolescent years are at higher risk of recurrence and relapse during their adult life. Additionally, depression in adult life is amongst one of the top causes of loss of income to employers in the western world. Thus, experiencing a depressive episode at any time during adolescence represents a significant health and economic burden on the young person, their family, school and ultimately the gross domestic product of the nation.

The Improving Mood with Psychological and Cognitive Therapies (IMPACT) study is a Randomised Controlled Trial comparing three psychological treatments for adolescents with moderate to severe depression. The study aims to identify the treatment that is most effective in the long term for relapse and recurrence prevention of depressive episodes, comparing Cognitive Behavioural Therapy, Specialist Clinical Care and short term Psychoanalytic Psychotherapy. It is a multi-centered trial with sites across East Anglia, North London and the North West.

## Study update—continued

The trial officially started recruiting participants at the beginning of July and so far we have randomised 30 patients in East Anglia alone. The recruitment rates have been steady and with minimal drop out rate, the study is very much on target. We have also begun the second phase of the trial which is the treatment follow-up assessments.

As IMPACT is a multi-centre study the team from the NIHR MHRN East Anglia Hub has played a very important role in supporting the research. The Clinical Studies Officers (CSOs) who are involved with IMPACT have been invaluable to the research team as they have been able and continue to help with recruitment across the different clinic sites. The study recruited its first participant in Suffolk in August and has since recruited another 3 people. In Cambridge the study has recruited 21 participants so far, which puts recruitment ahead of schedule. The role of MHRN Clinical Studies Officers so far within this study has been to pair up with one of the research assistants on the study team. These pairs of researchers have been visiting potential participants to carry out a screening assessment with the adolescent or the parent. Following this, the CSO and the RA have then collaborated to score the screen to decide if the participant meets criteria for the project. The study comprises a large number of measures, some with complex scoring, so this has been time consuming.

Assistance from the Hub has made recruitment much more manageable and dynamic. Additionally, the eScience Officer in the East Anglia Hub has also been coordinating the design and build of the IMPACT database, which is of a crucial importance for the smooth operation of the teams across sites. A test version of the database has been launched, and live data will be used to test all the measures rigorously so as to ensure smooth running of the live version. Once the live database is launched we'll be able to start inputting our first data sets.

For the next month, the IMPACT team has planned a national conference day where professionals from both the clinical and the academic side of the trial will be able to exchange knowledge. Additionally, this would be a great opportunity for all research assistants and CSOs across sites to get together and share experiences.

For the future, we hope that IMPACT will continue to be supported by the professionals from the MHRN as well as keep up the excellent recruitment rate. And with Christmas approaching the team wishes everyone to have great Christmas Holidays.

**Sonya Tsancheva**  
**Research Assistant**

**Lauren Wright**  
**Clinical Studies Officer**

## User and Carer Involvement in Setting up a Mental Health Research Project

On Monday 4<sup>th</sup> October, I attended a workshop organised by Iliana Rokkou, User and Carer Manager for the Research & Development team at Cambridgeshire and Peterborough Foundation Trust. The format of the workshop was ‘Dragons Den’ style, in that researchers were invited to present their research project ideas to a panel consisting of four people that would be able to give useful feedback about the potential studies. On the panel were Liz Stokes, Service User Research Advisor, Geoff Stone, Carer Research Advisor, Belinda Lennox CPFT R&D Director and Iliana herself.



*The Dragons Den panellists - not intimidating*



*Saba Henrichs explains her project*

There were three presentations during the morning, which proved to be very interesting and certainly sparked some lively conversations in the audience. The first to go before the Dragons was Saba Henrichs -Research Associate working in Health Design within the local CLAHRC (Collaborations for Leadership in Applied Health Research and Care).

Her proposed research project was “Comparison of policy and practice of service provision of care pathways for child & adolescent mental health in Cambridgeshire and Peterborough.”

The project aims were to investigate whether care pathways in child and adolescent mental health in Cambridgeshire and Peterborough reflect what happens in practice. It also is seeking to address user need and improve clinical practice. Some of the feedback from the panel and from the audience was the advice to include service users in the study design to allow the research to be more relevant -particularly having service users being involved in devising questions for the interviews was thought to be essential. Other feedback was for the researchers to consider taking a cross section of families from different backgrounds when looking at service user experience as this could impact their experience of the care pathway.

The second presentation was from James Ward, Senior Research Associate with Cambridge University Engineering Department, working for the CLAHRC who was considering the question “Are Serious Incident Investigations worth it? A ‘Cost-Benefit Analysis’ of Serious Incidents and their investigation”.



*James Ward presents his project on serious incident investigations*

## Huntingdon Research Workshop (continued)

The project is aiming to look at the costs and benefits of investigations into incidents with a view to learning more about the nature of incidents; the causes and patterns, and how to measure these. James was also asking whether service user involvement might be unethical due to the sensitivity of the subject. The responses from the panel and the audience were that service user involvement is important in allowing those 'at the coal face' the opportunity to help improve services and prevent serious incidents in certain situations. There was the suggestion that due to the sensitive nature of the study, it would be advisable to put a support system in place after the interview. It was also pointed out that the Service User Involvement process is not a linear one; i.e. that there might be multimodal causes of a serious incident and that the researcher should consider collecting data about staff experiences of the SI process.

The final presentation was by Liz Guthrie from Cameo North and Georgina Hurford, Research Facilitator with the MHRN/Cameo.

They presented a well put together research design aiming to look at "A Comparison between Attachment Styles of At Risk Mental States (ARMS), First Episode Psychosis (FEP) and a Control Group". Here, the researchers were interested in attachment styles and how this might affect recovery from psychosis and coping strategies in certain situations.

Useful suggestions from the panel and the audience included having the researchers consider the mismatch of attachment styles between service users and staff and how this might impact engagement. In addition the panel suggested exploring the possibility of Research for Patient Benefit (RfPB) funding for future research. The panel also asked the researchers to consider risk of service users feeling labelled, (i.e. Insecure attachment) and therefore potentially making the participant feel uncomfortable, and to consider collecting narrative data. Adding a qualitative aspect to the design might allow for collection of richer, more useful data.



*Georgina Hurford and Liz Guthrie present their design*



*Participants take a moment for coffee and networking*

Overall, it was a very well organised and well attended morning, with lots of useful and interesting discussions. The researchers generally found the feedback very constructive and found the perspective offered by service users and carers invaluable. It was good to see a real mix of people at the workshop, from service users and carers to consultant psychiatrists, which gave plenty of opportunity for some good networking over lunch.

**Mariam Errington**  
**Clinical Studies Officer**

## Meet the Team

Hello, my name is Alison. Early in October I joined the East Anglia MHRN team as a Clinical Studies Officer (CSO) and will be based in Cambridge at Douglas House. I am just beginning to get my bearings, having moved up here from North Devon.

I graduated from the University of Bath with a BPharm (Hons) Pharmacy degree. I then undertook my pre-registration training at Salisbury District Hospital before heading further south to Devon. Here I worked as a rotational pharmacist at Torbay Hospital and achieved a Clinical Diploma before concentrating more on aseptic work but also covering mental health and paediatric inpatient wards. I was able to take part in and contribute to ward rounds, learning all the time. To continue my development, I took on a senior pharmacist role in aseptic and cancer services at North Devon District Hospital. In this role I became more involved with clinical trials, liaising with the clinical research nurses, research consultants, the wards and the study teams. I have recently had experience of working in a healthcare records department so hope this will help me when I'm looking for information in notes.



The move to the MHRN is a slight career change but it draws together my interests in mental health, research and helping others. I've always been committed to research but now it's my turn to enthuse and encourage others. I have a lot to learn but I think my background provides a good foundation.

Since starting at the MHRN, I have attended the Norfolk & Suffolk Comprehensive Local Research Network meeting as well as the Suffolk Research day. Both were interesting and a good opportunity to meet other teams.

I've just become involved with SEPEA (Social Epidemiology of Psychoses in East Anglia) and will be supporting the study in Cambridge, at CAMEO South.

Other studies I'm going to be involved with include SuperEden (Sustaining Positive Engagement and Recovery – the next step after Early Intervention for Psychosis) and Janssen 3010, where I'm going to be supporting our industry trial facilitator in a study looking at the transition to a flexibly dosed second generation antipsychotic injection in patients with schizophrenia previously unsuccessfully treated with oral or long-acting injectable antipsychotics.

The team has been very friendly and helpful from the day I started. I quickly felt settled into the Hub and it's great to be part of such a close team, even though we're spread throughout East Anglia.

In the last month I have met many service users, carers and staff with a passionate interest in research and a will to get involved; giving me hope that the future will provide more positive outcomes for those affected by mental health issues.

**Alison Stribling**

**Clinical Studies Officer**

# Di-Jest: Linda's Recipe Corner

## Classic Coffee and Walnut Cake

Protocol n = 10-12



### Ingredients for the cake:

225g/8oz unsalted butter, plus extra for greasing  
 225g/8oz caster sugar  
 4 free-range eggs  
 50ml/1¾fl oz strong espresso coffee  
 225g/8oz self-raising flour  
 1 tsp baking powder  
 75g/2½oz walnuts



### For the butter cream topping:

125g/4½oz unsalted butter  
 200g/7oz icing sugar  
 50ml/2fl oz strong espresso coffee  
 12 walnut halves, to decorate



### Preparation method

Preheat the oven to 180C/350F/Gas 4.

In a bowl, beat the butter and sugar together until very light and pale.

Add the eggs one at a time to the butter and sugar mixture, beating well to completely incorporate each egg before adding the next egg.

Add the espresso to the mixture and stir well.

Add the flour, baking powder and walnuts and stir well to completely combine.

Spoon the cake mixture into two lined and greased 20cm/8in cake tins.

Transfer to the oven to bake 25-30 minutes, or until a skewer inserted into the centre of the cake comes out clean and the cake is golden-brown.

Remove the cakes from the oven and leave to cool on a wire rack.

For the butter cream topping, beat the butter and icing sugar together in a small bowl until pale and light.

Add the espresso and mix well.

Spread the butter cream over the top of each cake, then place one cake on top of the other.

Decorate the top of the cake with the walnut halves and serve in generous slices.

Recipe courtesy of Simon Rimmer  
 From 'Something for the Weekend'



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