



East Anglia Hub
Mental Health Research Network



**National Institute for
Health Research**

NEWSLETTER 38

January 2011

Inside this issue:

Hub Update	1
New studies	2-5
Hub Hosted studies	6-7
Big Research Day report	8-9
MHRN National Scientific Meeting flyer	10
Call for poster abstracts	11
SMHP Research Day report	12-13
Regional updates	14-15
Meet the Team	16
Linda's Recipe Corner	17
Contact Details	18

Hub Update

A Happy New Year to all our readers from everyone at the East Anglia Hub. Our resolution for the coming year is to continue bringing research to new parts of the Hub area and to aid this endeavour, we have introduced regional updates to our newsletter to keep everyone informed - see pages 14 and 15.

We also have reports from two very successful events held in the autumn - the Suffolk Research Open Day (pages 12-13) and the latest Big Research Day in Norwich (pages 8-9)

With the National Scientific Meeting fast approaching, now is the time to submit poster abstracts for the big event - details are on page 11. To book a place at the meeting, see page 10.

Meet the Team introduces Sue Jones, our newest CSO in Norwich and last but not least, we have a delicious diet-demolishing cake recipe in Linda's Recipe Corner, guaranteed to improve your mood whatever the winter throws at you.



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

Date for next committees are:

17th February 2011

31st March 2011

12th May 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

PARADES study on Bipolar Disorder—Advance Directive evaluation

Chief Investigator: Professor Peter Bartlett

Lead Organisation: Institute of Mental Health, Nottinghamshire Healthcare NHS Trust

The Mental Capacity Act 2005 of England is an enabling piece of legislation which was implemented in England and Wales in October 2007. It provides a legal framework for personal welfare and financial decisions to be made on behalf of individuals, who, due to an impairment or disturbance of functioning in the mind or brain (Mental Capacity Act 2005, section 2(1)), may be unable to make these decisions for themselves. The right of an individual to make decisions themselves is a crucial issue in service user care and this right must only be overridden once a thorough capacity assessment has been completed (Mental Capacity Act 2005, section 3). If capacity is not present, a decision can be made on behalf of the person based on what is in their best interests (Mental Capacity Act 2005, section 4). An important mechanism contained within the Act is the option to make financial or personal welfare decisions in advance, in order to plan for a time when capacity may be lost. This way, the individual can make sure that they maintain control over their affairs.

Bipolar disorder is a severe mental illness affecting 1-2% of the population. It is characterised by periods of moderate to severe depression and separate periods of mania (elated mood, overactivity, reckless behaviour, overspending, over confidence). If symptoms are severe enough, both the high and low phases of the condition may result in a loss of capacity. Therefore, persons with bipolar disorder may benefit from one of the advance decision making options available under the Mental Capacity Act.

The Mental Capacity Act has been part of UK mental health law for less than three years. Therefore, formal research into its impact is currently limited.

To date, the impact of the Mental Capacity Act upon persons with bipolar disorder has not been formally researched. Early pilot research conducted as a precursor to this project suggests that service users are largely unaware of the Mental Capacity Act or how it may potentially be of relevance to them. In addition, knowledge amongst psychiatrists, whilst not non-existent, is in need of improvement.

AZ-HOME— European study to describe hospital stay in patients admitted for acute bipolar manic episodes treated with immediate release quetiapine or extended release quetiapine

Lead Organisation: AstraZeneca

Treatments for bipolar disorder include mood stabilizers, antidepressants, and older (typical) and newer generation (atypical) antipsychotics.

Quetiapine IR, an atypical antipsychotic, can relieve the symptoms of severe and sudden manic episodes. It is given twice daily and requires dose titration over 4 days until the target therapeutic dose is achieved. However, in acute psychiatric episodes, a faster titration schedule and simplified dosing may be advantageous and more effective. The extended release formulation, quetiapine XR, allows a once-daily administration. This formulation accelerates the dose titration, so the target therapeutic dose is achieved by day 2 allowing a faster improvement of acute manic episodes symptoms.

New studies (continued)

ECHO: 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

Chief Investigator: Professor Janet Treasure
Lead Organisation: Institute of Psychiatry, King's College London

Anorexia nervosa (AN) is a common condition in adolescents causing severe physical and psychological problems and disrupting social development and education. The sufferer's behaviour strikes at the core of family life and is very difficult for parents to manage. Parents' instinctive responses can hinder rather than help recovery. Active involvement of the family in treatment reduces the need for admission and prevents the illness becoming entrenched and persisting in adulthood.

Carers emphasise their need for information and support. In collaboration with people with the lived experience of AN who have worked with us to become "expert carers", we have developed ECHO (Expert Carers Helping Others). This guided self-help intervention includes a published book and DVD video demonstrations about how to support and promote recovery in AN for carers. We have found that ECHO improves relationships and reduces carers' anxiety and distress and factors that may hinder recovery (e.g. expressed emotion, accommodating and enabling symptoms). An earlier study found that while coaching did not benefit self-help materials objectively, qualitative feedback about coaching was positive. Other areas of research have also documented the benefits of telephone support.

This research project is the first step in the process needed to demonstrate that ECHO not only works to benefit carers but also the individual with AN. Specifically the study will examine whether ECHO reduces the duration and severity of AN symptoms over an extended follow up period. The second aim is to examine whether improving the quality, intensity and focus of coaching and using "expert carers" enhances the effect. This information will be used to design a definitive trial which will generate the high quality evidence which is needed for NICE endorsement and dissemination within the NHS. The team will also explore the experiences of "expert carers" delivering the coaching in order to improve procedural aspects of the process and to enhance the effectiveness of this resource.

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

Chief Investigator: Dr Paul Wilkinson
Lead Organisation: University of Cambridge, Section of Developmental Psychiatry

All people produce a hormone called cortisol. Cortisol should increase when people get stressed – this increase is greater in people vulnerable to depression. This study aims to test which of two stress tests is a better potential biomarker: a physical stress [taking one deep breath of air containing a high concentration (35%) of carbon dioxide (a naturally-occurring gas in the atmosphere)] and a mental stress [participants give a talk and do some mental arithmetic in front of a mock interview panel]. Several studies have shown that these tests increase cortisol in most people, and are safe. This study will test whether cortisol reactivity is related to other known risk factors for depression; and whether it is higher in people who used to be depressed than in people who have never been depressed. Cortisol reactivity and resting cortisol will be compared as potential biomarkers.

The proposed study will recruit 228 17-19 year olds who are already taking part in one of our long-term studies. The team will ask participants to collect their saliva 6 times per day over two days, from which samples cortisol levels will be tested. Participants will be asked to come to the team's Cambridge laboratory on two occasions. At the start of the first session, while resting, they will be asked some questions about their psychiatric history and given some memory tests. In each session, they will be given one of the stress tests. After this, saliva will again be collected so cortisol can be measured. In addition, participants will be asked about how they feel, and some more memory tests will be carried out.

New Studies (continued)

FEP1—Follow-Up of First Episode Psychosis in East London

Chief Investigator: Professor Jeremy Coid
Lead Organisation: Queen Mary, University of London

The collection of first episode cases of psychosis in a comprehensive way is important not only for incidence studies but also for outcome studies. This is especially the case when studying the relationship between psychosis and antisocial behaviour, including violence. Recent research has moved from an assumption that violent behaviour in patients with psychosis is related directly to their symptoms, to emphasise the effects of underlying personality traits, previous violent behaviour, and demographic characteristics. The demographic characteristics of violent mentally ill persons have been observed to be the same as violent but non-mentally ill individuals in the general population.

This follow-up is of a unique sample of 484 patients with psychotic illness, representative of the geographical area in which the study is conducted, and not originally selected on the basis of hospital admission. It is an incidence sample of psychosis. As far as is known, it is the largest sample ever collected from a single geographical area. As well as collecting routine data, including demography, standardised diagnostic measures, and personal family history measures, prospective measures were also collected of factors which were hypothesised to increase the risk of subsequent violent and criminal behaviour. These measures were the same as those included in the MacArthur study. Finally, a range of different outcome measures of violence and criminality were measured at first contact with services. Additional measures, hypothesised to increase risk, together with repeated measures of antisocial, criminal, and violent behaviour will be taken at on average 10-year follow-up.

The questions to be answered include: whether measures taken at first presentation can predict adverse outcomes at follow-up (including observed and reported violent behaviour, criminal convictions, and pathways into secure care, rehospitalisation, and death), and whether these correspond to other measures such as course of illness, use of services, consumer satisfaction, and physical morbidity. The intention is to identify those risk factors which are associated with these adverse outcomes, but also to identify protective factors which relate to better outcomes. These findings may later constitute the basis of new interventions.

Risk factors of perinatal mental disorders

Chief Investigator: Dr Paola Dazzan
Lead Organisation: Institute of Psychiatry, King's College London

It is commonly believed that pregnancy is a time of good mental health. However, poor mental health in this period has been, until recently, the largest cause of maternal death in the United Kingdom, and it remains the second most common one. Some mental health problems that occur around pregnancy are depression (feeling sad, withdrawn, not motivated), and postpartum psychosis (hearing voices, having bizarre and unshakable beliefs). These problems have huge consequences for mother and child, like not being able to bond, being separated, the child having a delay in development, to suicide and/or infanticide (the mother killing the baby). Yet, little research has been done in this area. In this study the intention is to examine whether there are changes, in response to stress, hormones, or in brain functioning, that can help the researchers identify which women are most likely to develop these problems. Furthermore, the study aims to investigate how these problems affect the development of the baby. To achieve this, the team aims to evaluate a group of women who are at risk of mental health problems around pregnancy, and their babies. The researchers will look at the way mothers respond to stress, or whether there are volume changes in brain areas, or in the way these areas function, that makes them more likely to become unwell with the hormonal changes that happen around pregnancy. The team will also look at whether these problems are associated with changes in the way the baby responds to stress and in the way he/she develops. For comparison, the researchers will also examine a group of women who are not at risk of mental health problems around pregnancy and their children.

New Studies—continued

AMICUS—Amisulpride augmentation in Clozapine-unresponsive schizophrenia

Chief Investigator: Professor Thomas Barnes
Lead Organisation: Imperial College London

This 12-week, placebo-controlled Randomised Controlled Trial will be conducted in secondary care, specifically mental health services, at four UK centres. The health technology to be assessed is the augmentation of Clozapine treatment with another second-generation antipsychotic, Amisulpride, which will be compared with placebo: 400mg Amisulpride or 1 matching placebo capsule for the first 4 weeks, then the option of titrating up to 800mg Amisulpride or 2 matching placebo capsules for the remaining 8 weeks. The study will be double-blind, with medication supplied as identical capsules containing either 400mg Amisulpride or placebo.

The optimum dose of Clozapine at entry and subsequent augmentation will be achieved through a flexible dosing regimen whereby treating psychiatrists will be able to flexibly alter dose regimens to maximise clinical risk-benefit ratios; there will be opportunities for clinical titration of Clozapine dose at two and six weeks. Any direct pharmacokinetic effect on Clozapine levels will be assessed by pre- and post-augmentation plasma levels of Clozapine, samples being taken at baseline and at the end of the 12 weeks. Recommended pharmacovigilance procedures will be followed. Clinicians will be asked not to prescribe any additional medication during the course of the study, and will be reminded of the drugs with potential adverse interactions, as mentioned in the Summary of Product Characteristics for Clozapine and Amisulpride. Medication adherence will be assessed by 'pill count' and Clozapine/norClozapine plasma level ratio.



Meeting theme: 'Developmental and youth mental health research'

REGISTRATION NOW OPEN

- FIND OUT EVEN MORE ABOUT MENTAL HEALTH RESEARCH
- MEET CARERS, CLINICIANS, RESEARCHERS AND SERVICE USERS FROM ACROSS THE UK
- THE LATEST ON DEVELOPMENTAL AND YOUTH MENTAL HEALTH

**BOOKING INFORMATION ON
PAGE 10 OF THIS NEWSLETTER**

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

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

Janssen 3010

Chief Investigator:
Funded by: Industry funded

Exploring 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.

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

MCA-DoLS

Chief Investigator: Isabel Clare
Funded by:

Investigating 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.

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

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



Open Projects actively supported (continued)

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

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

MPTW

Chief Investigator: Michael West
Funded by: NIHR SDO

Effectiveness of multi-professional team working in Mental Health

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.

OCTET

Chief Investigator: Tom Burns
Funded by: NIHR

Oxford Community Treatment Order Evaluation Trial

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.

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

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

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

Other projects hosted by the East Anglia Hub:

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • 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 (1) | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Bridge • Super-C • VORAMSS • A study of psychotropic medication prescribing patterns in English prisons • Population risks • PaSsa • MR-IMPACT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

• **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, PsyGrid, National Eden, Viewpoint, LPOP Service Mapping 2010

The BIG Research Day – November 2010

Norfolk and Waveney Mental Health Foundation Trust's 6th Big Research Day was held on 12th November 2010 at The University of East Anglia. Over 60 staff and service user delegates from a variety of clinical and academic backgrounds attended the day, which was hosted by Dr Jon Wilson from the Trust.

The first presentation by Jill Robinson from the UEA described her recent experience of preparing a 'Research for Patient Benefit' funding bid. This was a follow-up presentation from Jill, who presented this idea two years ago at the Big Research Day dragon's den. The project started with a service user led group called Sing your Heart Out who had an interest in finding out if the positive effects they derived from their singing group was the same for other groups.

Jill highlighted the importance of building a good team around the project to ensure good foundations, communication and keeping to time and deadlines. The specialists in her team included experienced service users, mental health service providers, health economists and a partnership with the Sydney de Haan research centre for Arts and Health. Jill advocated taking lots of advice during the set up stage; she described the difficulties of understanding and tailoring your study to fit the funding criteria, the importance of being adaptable and recognising limitations. She suggested making early contact with the Research Design Service and relevant research offices.

The study has completed Stage one in the funding application process and is now going for Peer Review. We look forward to hearing her next update at a future Big Research Day.



Prof. Richard Gray, 'selling' research.

Professor Richard Gray was next to speak, tasked with giving 'a presentation which would make everyone want a research career'. Richard described his own career and the current research themes which are gaining funding. Richard contrasted *interesting* research with *important* research. Identifying importance was more valuable and studies with both qualitative and quantitative components met a wider brief and therefore had a greater potential influence.

He described the Medical Research Council's framework for the evaluation of complex interventions and explained how different models of study contributed to the evidence base; exploratory trials will inform practice but definitive randomised control trials would have greater impact. Richard concluded by giving examples of where nursing research had informed government guidelines and NICE directives.

The next speaker was Lorna Jacobs from the Mental Health Research Network, who built on the theme of partnership by describing how the MHRN is supporting two studies in Norfolk and Waveney. She described a study Richard Gray is involved in about 'Protected engagement time (PET)', which aims to contrast clinical areas which offer PET and those that don't. The MHRN is offering support with information gathering, questionnaires and interviews. Lorna also gave an overview of a second study 'Perinatal psychiatry services,' and how the East Anglia Hub is supporting the study by gathering information about local services.

The final speaker of the morning was Professor Laura Serrant Green; she gave an interesting historical perspective of nursing research from the days of the 'Female Sanitary Inspectors' in the early 1900s through to her current nursing research interests. Laura drew on her own personal experiences; describing the lack of evidence for BME communities' health needs in her early career and how unsafe this could be. She also gave examples of how lack of knowledge created the stigma around HIV and AIDS. She highlighted the need to 'future proof nursing' by continuing to have clinical academic staff who drive forward research and development of innovative practice.

Dragon's Den:



The Dragon's Den Panel, from left to right: Jean Craig, Bonnie Teague, Amanda Wellings, Joanne Spuall and Richard Grey.

Continuing with the tradition of previous research days, the afternoon commenced with the Dragon's Den, in which Dr Emma Went presented her project to a panel of experts in order to extract their valuable advice and critique. Chris Jones, Consultant Psychiatrist at NWMHFT, acted as the Dragon Master.

Dr Emma Went, a Senior Trainee in Forensic Psychiatry and Balint Group Facilitator and Reverend Bill Bazeley, the Senior Chaplain for NWMHFT want to research: "Do Balint style supervision groups help individuals in caring roles manage work stress?". The Balint method consists of regular case discussion in small groups (usually 8-10 members) under the guidance of a qualified group leader, to consider cases from a Psychodynamic perspective. The aim of Balint groups is to help health professionals towards a better understanding of the emotional content of the doctor-patient relationship. The benefits of the groups include increased compassion and empathy for the

patient, a greater understanding of a case through discussion and support for the health professional. Research into Balint Groups is sparse, it mostly consists of case reports and is almost exclusively conducted by doctors. The proposal is to conduct Balint groups with chaplains and the clergy, to see if it can benefit them and if Balint style groups help other populations as well as Drs. They would conduct 12 fortnightly sessions with groups of 9 members, for 1.5 hours. A Balint trained supervisor would provide monthly supervisions. Data collection would be qualitative and quantitative, including stress inventories before and after the 12 sessions and a questionnaire on work stress and experiences. Dr Went was unsure on what control group to use, suggesting the possibility of conducting the stress inventories to a group of clergy who did not receive the Balint intervention. Problems with this would be matching the control group and a self-selecting bias in the volunteers. The proposers were aware of some limitations, such as the small number of participants, the short space of time and if any measured effects would be due to the group individuals and not necessarily the Balint style intervention.



Dr Emma Went and Reverend Bill Bazeley present their research proposal

Questions to the dragons included: should the study be a pilot? What would make a suitable control group? And, who should administer the questionnaire? There was lots of helpful advice from the panel. The suggested scaling back the scope of the project and first conduct it as a pilot. A pilot would provide evidence for a larger project in the future. The small numbers would make it difficult to compare with a control group at this stage. An impartial person should administer data collection measures to allow the sample the freedom to answer more honestly. The debate, as always invoked comments and questions from the floor, such as, what kind of funding should the team apply for? The panel suggested that for non-NHS research, the Social Research Council would be good to apply to and if in the future a larger project was to include NHS groups, the East of England Innovation Fund would be possible. Overall, the project was seen as interesting and beneficial.

Sue Jones

Lorna Jacobs

Clinical Studies Officers



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.

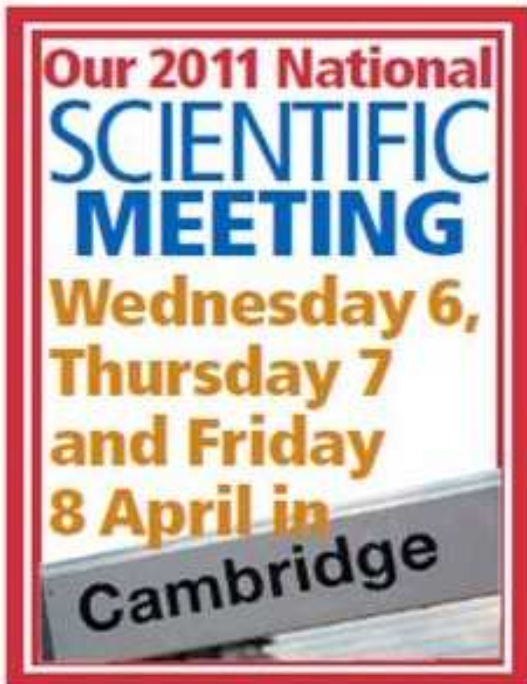
Book your place now!

visit

**www.mhrn.info
and follow the link**



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



Meeting theme: 'Developmental and youth mental health research'



MHRN 2011 National Scientific Meeting: submit a poster abstract

Are you carrying out research in the field of developmental and youth mental health?

The MHRN 2011 National Scientific Meeting is a chance for you to showcase your project to researchers and mental health professionals. The Meeting takes place in Cambridge from Wednesday 6 April to Friday 8 April and its theme is 'Developmental and youth mental health research'.

Researchers are invited to submit abstracts for posters about ongoing projects or completed studies in the field.

To submit an abstract, complete the form at: <http://www.mhrn.info/pages/mhrn-2011-national-scientific-meeting-submit-a-poster-abstract.html>

This must be returned by Tuesday 15 February.

Posters should be A1 landscape, and we will be displaying only 50. All submissions will be considered by the National Scientific Meeting's Scientific Organising Committee and we will contact you to let you know if your submission is successful by 1 March 2011.

Registration for the meeting is now open visit <http://www.mhrn.info> and follow the link.

Suffolk Research Open Day 2011



Visitors browsing the Hub stand

The second Suffolk research day was held at St Clements Hospital, Ipswich on the 4th of November. Once the doors opened, we were delighted by the number of people streaming into the hall. Including presenters, there were 47 attendees; double the number at last year's meeting. The morning was an informal networking and information gathering opportunity. Our NIHR MHRN (National Institute for Health Research Mental Health Research Network) stand was joined by others from NIHR DeNDRoN (Dementias and Neurodegenerative Diseases Research Network), NIHR RDS (Research Design Service) and the Norfolk and Suffolk CLRN (Comprehensive Local Research Network). There was plenty of interest and even a few enquiries about full-time jobs in research; so there was certainly no lack of enthusiasm. Professor Ian Robbins, Head of Psychological Services SMHP (Suffolk Mental Health Partnership), introduced the presentations with a brief but positive talk about the progress that had been made in Suffolk with regards to mental health research.

Dr Jean Craig from the NIHR RDS gave the first presentation, explaining the basics of research design and the help their service can provide. This can include guidance on appropriate funding streams, research questions and objectives, study design, methodology, feasibility as well as providing you with details of potential collaborators and putting you in contact with Patient and Public Involvement (PPI) groups. In response to a question from the audience, Dr Jean Craig stressed anyone wanting help should contact them. However, having a topic (or even better a question) in mind and a named supervisor (if the applicant is a novice in research) are the two most fundamental things required. The most helpful point was to remember to refine your question; turning it from a mammoth (a big and woolly question) into a mighty mouse (a small and powerful question)

Next there was a presentation by Andreea Tocca RM&G (Research Management and Governance) Facilitator at Ipswich Hospital which was supported by a R&D (Research and Development) nurse from NWMHFT (Norfolk and Waveney Mental Health Foundation Trust), Gabriel Abotsi. They outlined what was happening in Suffolk and Norfolk respectively. The IRAS (Integrated Research Application System) is a good and helpful tool for researchers and Andreea explained its usefulness in guiding you through the processes required for study approval. The process for gaining approval can be a long one so contact R&D as early as possible in the process. Gabriel praised the hard-work and enthusiasm of Norfolk research staff which has created an expanding department and people ready to come forward and help.



Gabriel Abotsi and Andreea Tocca on research in Norfolk and Suffolk

Kath Jones from the Norfolk & Suffolk CLRN talked briefly about the national portfolio. The Department of Health sets out criteria that have to be met before a study is eligible for the NIHR portfolio. The CLRN only funds NIHR portfolio supported studies. Recruiting to time and target is now one of their main priorities.

After lunch, Kathryn Betts, our senior CSO (Clinical Studies Officer), introduced the MHRN, before Lauren Wright, the CSO for Suffolk, gave an informative presentation on the assistance the MHRN provides in Suffolk. She spoke about some of the studies that are recruiting currently and what she personally has done to assist clinicians to take part.

The next presentation was by Ann Luck from the Dementia and Neurodegenerative Diseases Research Network, DeNDRoN. She spoke about the topics that their network covers, where their teams are based and how they can assist with research. This was followed by a presentation on 'Working with Industry' delivered concisely by Ruan Elliott (Norfolk & Suffolk CLRN Industry Manager) and Pritpal Panesar (MHRN Industry Trial Facilitator). Together they spoke about the challenges faced and those already overcome with regards to working with industry. Difficulties include competing with other countries to maintain pharmaceutical research in the UK.

The final session of the day was the ever-popular Dragons Den. The Dragons were the Chair of the meeting Professor Ian Robbins, Helen Risebro (NIHR RDS), Tony Rivett (East Anglia NIHR MHRN Hub Executive member) and Marie Carter, a service user representative working for DeNDRoN.

Professor Robbins faced his own dragons and proposed a study based on IAPT (Improving Access to Psychological Therapies). The driving factor was to benefit service users: "Therapy should fit into their lives not dominate their life." The idea is to have a video link between the service user and the service provider. The video link would be in public places, such as church halls or libraries. It is hoped that this will combine the benefits of face-to-face appointments with greater ease of access and quicker appointment times. Helen (from NIHR RDS) suggested an addition of a health economist to the team which would benefit the study as, especially in the current climate, it is important to show cost-benefit as well as benefit. It is also likely to mean the study is better accepted by funding bodies. There followed a discussion about the importance of physical presence and perhaps more importantly ensuring choice for the service user.



The Dragons—Helen Risebro, Marie Carter and Tony Rivett, 'grilling' Ian Robbins

Emma Kitteridge, founder of the IAPT service in Suffolk presented her project idea 'A high therapeutic alliance is not essential for treatment engagement and treatment gain.' She would like to look, in detail, at the group of service users that fall into the low therapeutic alliance/high engagement category. What can be learnt from this group of people? Is it possible to apply this to the other groups, for example the high therapeutic alliance/low engagement group? There were some worries about the level of jargon but there are resources available to test the reading age of information. It is important to think about who administers the measures; the Dragons thought the best options were administration by study staff or by service users returning questionnaires by post.

The final study to be presented to the Dragons was put forward by Granville Sutton, a support worker, from the Drug and Alcohol Service in Bury St Edmunds 'Why do so many service users self-medicate instead of engaging with our services?' The Dragons felt that the study was actually asking two main questions – why disengage and why self-medicate? They also recommended that it should be clear what factors were to be studied with regard to disengagement i.e. the characteristics of the condition, the service, the drug. The Dragons also agreed on the need to define the sample population carefully. To find information about stopping medications and disengagement it was suggested that information and research could be available in areas other than mental health.

Over all the day was a highly successful one, with a range of professionals expressing a lively interest in research. Professor Ian Robbins summed the day up with a simple phrase: "It's important to give time to research as it adds value to what we do."

Alison Stribling
Clinical Studies Officer

Regional Updates

Cambridgeshire

The IMPACT study has had a very successful start in CPFT, having recruited 26 young people by Christmas through the CAMH services. The target over an 18 month recruitment period is 60 for CPFT, so the study team are well underway.

CSOs have been making contacts with CAMH services to inform them of another study they can support; ASPECTS. So far, Huntingdon are positive about referring into the study and offering clinic space for the interventional therapy (CBT), which is great. Meetings with Peterborough and Cambridge clinics are in the pipeline.

Addiction Endophenotypes: Causes and Effects of Stimulant dependence has had a successful end to last year, having completed recruitment to the main study. NHS and non-NHS drug services in Cambridgeshire and Peterborough supported the study with 12 referrals to the main study, of which 6 were recruited. 114 DR-LOC questionnaires were completed at these centres, which is a fantastic number. The CSO assigned to the study has been in contact with the centres to start completion of the new DR-PADUA questionnaire.

The Viewpoint survey is very close to reaching its national recruitment target of 1000. Between 20 and 30 mental health care teams in CPFT have been supporting the study with over 3000 service users having been invited to take part.

Bedfordshire

Research activity in Bedfordshire and Luton has continued to grow over the last couple of months through the continued support from clinical services with existing projects, and in making new links/contacts with professionals and clinical teams who have shown an interest in research.

Specifically, continued support has come from the drug and alcohol services for the Stimulant Dependence study: Addaction in Bedford, NHS Healthlink Bedford, CAN in Luton and Dunstable Drug and Alcohol services have all been supportive of the research and very welcoming. Thanks to the willingness of staff and service users, Bedfordshire did very well in the recruitment for this study. Eleven sibling pairs out of a target of 50 were recruited from Bedfordshire and Luton, which is fantastic. The main study has finished recruiting but the Hub is still supporting the study team to recruit participants in completing a new questionnaire.


Substantial amendments were made to the Neurocognitive Endophenotypes in Adult ADHD study and it was therefore on hold for a period of time. The amendments were approved by the ethics committee on the 19th October 2010 and have also been reapproved by the research and governance group at SEPT on the 2nd December 2010. Recruitment for this study will hopefully be under way soon.

The last few months have also involved visits to clinical services and meetings with professionals interested in research. The CSO in Bedford has visited 3 community mental health teams and made contact with a number of professionals who have been interested in supporting research in the area. In addition a new research assistant, Cherie Morgan, has recently begun working within SEPT, and meetings have been held to discuss ways of working together in order to continue to promote research in the area.

Suffolk

Suffolk has seen a change in the last year with the arrival of a Clinical Studies Officer within the area. One visible result has been the attendance to the Suffolk Research Day, which was encouraging, and feedback indicates that the day was appreciated by everyone who attended. In addition agreement with HR at the Mental Health Trust has been reached, which means that the East Anglia Hub stand can be present at every induction. The first induction with MHRN presence will be taking place on 20th January.

The Suffolk CSO has been contacting CAMHS about ASPECTS who did originally have concerns about the project. These concerns have now been addressed and the teams are both happy to refer cases and provide



room for treatment. Dr Evril Silver has agreed to be Local Collaborator.

After a particularly hard time gaining permission to contact ward managers about PET, permission was secured and 3 of the wards have been contacted for information. Since gaining approval in July 2010 IMPACT has recruited 6 people from SMHP. Suffolk has also had success in SEPEA with a total of 102 recruited and the number continuously rising.

Norfolk

The MHRN CSO and Senior CSO in Norfolk are based within the Research and Development department at Hellesdon Hospital. The MHRN also jointly funds a research nurse to work part time on industry studies. There have been some changes to the Research and Development team recently. We have said goodbye to Brenda Jones who retired from her Post as Research and Development Manager in December. Her successor has been appointed and is hoping to take up the position in April 2011. We look forward to working with the new R&D Manager and continuing to work closely with the Research and Development team.

New studies in Norfolk include DPIM (DNA polymorphisms in mental illness) we are pleased to welcome Dr Dev Joardar, Consultant Psychiatrist at Chatterton House, as the Principal investigator for this study. It is the first time Dr Joardar has worked alongside the MHRN, having previously supported Dendron studies at Chatterton House. Other new studies include AstraZeneca HOME. The Norfolk and Waveney NHS Mental Health Foundation Trust is one of 22 sites supporting this industry study and has recently received Trust Governance approval.

The OCTET study is now in the last few weeks of recruitment, along with other areas nationally; the uptake in Norfolk has been limited as both staff and service users expressed concerns about the effect of randomisation on the treatment plan and outcomes. The study team are now also focusing on the follow-ups for the participants they have recruited. The Addiction Endophenotypes: causes and effects of stimulant dependence study has also recently finished recruitment, having reached target of 50 sibling pairs. We are now supporting the study team to carry out an additional questionnaire validation in TADS.

Update on EA MHRN Commercial Studies

The EMI111781 Study (GSK) met its recruitment target and closed to recruitment on 30th November 2010. The study proved to be very beneficial for building relationships with the GSK Study team and with local clinicians. By engaging with clinicians the Hub has also developed a network of contacts interested in participating in future research. Moving forward, the valuable experience gained will be applied to improve the performance of future commercial studies. The study team have also thanked the network for their support and look forward to any future partnerships.

The OASIS Study has received R&D approval for both Norfolk & Waveney Mental Health NHS Foundation Trust and Suffolk Mental Health Partnership Trust. With Jay Clark (CSO) supporting the study in Norfolk, the Hub hope to further support investigator recruitment across the network. The OASIS study presents an excellent opportunity for the EA MHRN to engage with investigators and build its network of contacts.

The PalmFlex Study is currently awaiting R&D Approval at Cambridgeshire & Peterborough NHS Foundation Trust. The CSOs responsible for the study, Pritpal Panesar and Alison Stribling, are supporting the approval process as well as undertaking study specific training. The study aims to commence by the end of January 2010 and will provide a good opportunity for the EA MHRN to work closely with the Janssen Study team. Meanwhile, the AZ Home Study has recently received R&D approval at Suffolk Mental Health Partnership Trust and the Hub looks forward to supporting recruitment.

EA Hub CSOs

Meet the Team

Hello, my name is Sue, I joined the East Anglia Hub MHRN team in October as a clinical studies officer (CSO) based at Hellesdon Hospital in Norwich. I have recently moved to Norfolk having previously lived and worked in around London and Essex.

I started working with young adults with autism and challenging behaviour while still at school and decided to follow a career in health and social care so I trained as a mental health nurse in 1995. I studied at St Mary's Hospital in Paddington and St Charles Hospital in Ladbroke Grove. After graduating I stayed in the West London locality and have worked in hospitals, care homes and as a community psychiatric nurse, while working as a CPN I was able to add to my Nursing diploma and go onto gain a BSC (Hons) in Community Nursing and Specialist Practitioner status.

My nursing practice and particularly working with care home staff gave me an interest in teaching and working with others to develop mental health care practice in non-clinical settings.

I worked with an East London based training provider to develop my teaching and assessing skills and supported local health and social care providers to train their staff in mental health, learning disability and dementia care. I took on a specialist role to support students with additional needs including those whose studies were effected by their own mental health needs and those requiring help with language and literacy. I have been fortunate to be able to combine interesting clinical and educational posts to promote good mental health care in a variety of settings.

My move to Norfolk afforded me the opportunity to take my career in a new direction and the CSO role has been a good way to combine my prior experience and develop new skills and knowledge. Since joining the MHRN I have attended a wide variety of courses, seminars and meetings in order to learn about research and governance, and with the welcome help and support from the teams its all starting to make sense!

I am currently supporting the set up of two studies in Norfolk;

- PET (Protected Engagement Time on adult inpatient wards) where the study team aim to gather information about the effectiveness of this intervention on improving the well being and experience of inpatients.
- DPIM (DNA polymorphisms in mental illness), the study team are trying to find a genetic cause of mental illness and variations in treatment response. In Norfolk and Waveney we are concentrating on people with Bipolar affective disorder and schizophrenia

I look forward to these studies gaining all the necessary approvals so I can begin data collection. As part of the set up process I have met with staff and service user groups to promote the studies and have been encouraged with the positive responses to research in general and hope I can contribute to improvements in mental health care through my work with the MHRN.

Sue Jones
Clinical Studies Officer



Di-Jest: Linda's Recipe Corner

Apple and Raspberry Cake

Protocol n = 8

Makes 1 round cake (8 inch tin)

Ingredients:

225 grams self-raising flour

160 grams butter

60 grams unrefined caster sugar

225 grams or 3 eating apples, peeled, cored, sliced

3 eggs, beaten

3tbs milk

225 grams raspberries

1 tbs icing sugar to dust top

Method:

Put liner in cake tin or loaf tins.

Sift flour into bowl and rub in butter until resembles breadcrumbs.

Stir in sugar and chopped/sliced apples.

Beat eggs and milk together and stir into mixture.

Stir in half raspberries. (Can use frozen but best is fresh)

Throw a handful of blueberries in as well if you wish.

Pour into tin and smooth over surface.

Sprinkle remaining raspberries over the top.

Bake for about 1 hour on at gas no. 3, 325F, 170C - Lower in some fan ovens.

Once cool, dust the top with sprinkle of icing sugar (optional).



Location	Office Address	Staff
Cambridge Office	Douglas House 18 Trumpington Road Cambridge CB2 8AH Tel. 01223 746135 Fax 01223 746188	Angela Browne - Hub Manager Linda Benton - Hub Secretary Lorna Jacobs - CSO Alison Stribling - CSO Pritpal Panesar - Industry Trial Facilitator Josephine Costello - eSO
Norwich Office	The Knowledge Centre Research and Development Office Hellesdon Hospital Drayton High Road Norwich NR6 5BE Tel: 01603 421334	Kathryn Betts - Senior CSO Sue Jones - CSO
Suffolk Office	St Clements Hospital Foxhall Road Ipswich IP3 8LS Tel: 07958 118906	Lauren Wright - CSO
Bedford Office	Bedford Hospital Weller Wing Kempston Road Bedford MK42 9DJ Tel. 01234 299930	Naomi Bateman - CSO
Peterborough Office	53 Thorpe Road Peterborough PE3 6AN Tel. 01733 316701	Mariam Errington - CSO

Find us on the Web:

<http://www.mhrn.info/pages/regional-offices.html>

Or email us:

eastangliahub@cpft.nhs.uk