Groundbreaking Open Dialogue project

Developing an anti-psychotic medication review tool

Aiding memory by increasing physical activity

Measuring addiction recovery

Improving home support in dementia care

Showcasing R&D at Open Day

Publications

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Welcome to the Summer/Autumn 2015 issue of the NELFT Research and Development newsletter.

In this issue, we celebrate our continued momentum and diversity in research and development at NELFT. We (Fiona Horton and Ritchard Ledgerd) are covering for R&D Manager Dr Sandeep Toot whilst she is on maternity leave.

We would like to congratulate Dr Joanna Moncrieff, NELFT Consultant Psychiatrist in Adult Community Psychiatry and Senior Lecturer at University College London, who has been awarded a £2.5million, Six year National Institute of Health Research (NIHR) Programme Grant, RADAR - Research into Antipsychotic Discontinuation and Reduction.

This research will focus on the reduction and discontinuation of antipsychotic medication in people with psychotic disorders and schizophrenia. This is an exciting opportunity for NELFT as the sponsor for the study, due to start in January 2016. Updates on this study will be included in future issues of the NELFT R&D newsletter.

Our R&D Open Day in May was a great success. NELFT Clinical and Strategic Lead for Personality Disorder, and Senior Lecturer at UCL, Dr Janet Feigenbaum, presented on her NIHR Programme Grant awarded study EMPOWER - Enabling and Motivating Individuals (with a Personality Disorder) in Occupation, Wellbeing, Education and Responsibility - which was well received.

NELFT Chief Executive, John Brouder reinforced the importance of R&D and the participation of staff and stakeholders in his closing speech. For more on the R&D Open Day, see page 3.

To get involved in the training opportunities offered by the NELFT R&D department, take a look at our academic training calendar on Page 12.

We have recently said a fond farewell to our colleague Lauren Yates, Research Assistant, who worked on the UCL SHIELD Maintenance Cognitive Stimulation Therapy research trial. She is now a Research Associate at the Institute of Mental Health and the University of Nottingham. William Pearson, Research Assistant, will also be leaving us to take up a place on the Clinical Psychology doctorate at the University of East London. We thank them both for all their hard work, and wish them every success in the future.

Lastly, thank you to Maria Long, R&D administrator, for helping put this issue together.

These are exciting times for research at NELFT and we hope you enjoy reading this issue.

For more information on Research and Development at NELFT, visit www.nelft.nhs.uk/research

Meet the R&D team

- **Peter Fonagy**
  Research and Development Director

- **Sandeep Toot**
  Research and Development Manager

- **Fiona Horton**
  Research Management and Governance Facilitator

- **Jacki Mundy**
  Research Site Co-ordinator

- **Maria Long**
  Research and Development Administrator/Research Assistant

The R&D team also includes many researchers

The R&D team can be contacted on 0300 555 1200 ext. 67942; maria.long@nelft.nhs.uk

Introducing...

**Professor Peter Fonagy, our new R&D Director**

We would like to extend a very warm welcome to our new R&D Director, Professor Peter Fonagy. Among many other positions, Peter is currently Programme Director of the Mental Health and Wellbeing Theme at University College London (UCL) Partners, Head of the Research Department of Clinical, Educational and Health Psychology at UCL, Freud Memorial Professor of Psychoanalysis at University of London, Chief Executive at The Anna Freud Centre, Senior Investigator at the National Institute of Health Research, and National Advisor for Improved Access to Psychological Therapies for Children and Young People for NHS England.

Peter has had over 400 peer-reviewed papers published, and has received a total of £36,500,000 in research grant support to date.

We are really looking forward to working with Peter on enhancing our research strategy for the benefit of our service users, patients and staff and developing and diversifying our research portfolio.
Over one hundred academics, researchers, clinicians, carers and service users joined NELFT Research and Development team at the 14th annual Open Day in May. The event co-incided with International Clinical Trials Day which commemorates the first clinical trial that found a treatment for scurvy, led by James Lind.

The R&D Open Day showcases and celebrates the broad range of research activities at NELFT, and the ways in which clinicians, service users, carers and the public can become involved in our clinical research and join the pursuit for innovative treatments and services.

Many services, clinicians and service users are often only exposed to research directly related to their service and practice, and the NELFT R&D Open Day is a great way to raise awareness of all research activity, and to give something back to those who continue to support R&D’s research projects in any capacity.

Feedback from the Open Day was positive, with attendees describing it as ‘eye-opening’, ‘informative’ and an ‘excellent opportunity to learn about the basics of research’.

Dr Bini Thomas, NELFT Consultant Psychiatrist, said: “The NELFT R&D Open Day provided an excellent opportunity to learn about the basics of research, interesting research taking place locally, and services available.”

The day, at the Holiday Inn Newbury Park, included presentations from research teams, collaborative workshops, and a poster competition.

Presentations included one from Dr Janet Feigenbaum, NELFT Clinical and Strategic Lead for Personality Disorder, on her research programme, EMPOWER (Enabling and Motivating People with a Personality Disorder in Occupation, Education and Responsibility). Dr Feigenbaum highlighted the connection between personality disorder and employment difficulties, and one of the aims of the trial will be to evaluate an intervention in order to improve outcomes for those with a personality disorder.

Workshop highlights included ‘Celebrating the staff benefit of being involved in research’, led by Jacki Mundy, NELFT Research Site Coordinator and Clinical Researcher, as well as ‘Bridging the gap between research and practice’, led by Dr Elisa Aguirre, Postdoctoral Clinical Researcher. Both workshops celebrated the ways in which participating in research can help staff achieve the NELFT values, the 5Ps, and further improve services and care.

The day was a great success and the R&D department look forward to another Open Day next year.

Currently recruiting at NELFT

DNA Polymorphisms in Mental Illness (DPIM)

What is the study all about?
Research indicates there are a number of genes involved in bipolar disorder and schizophrenia, rather than just one gene. So there has been a move in the genetics field towards a more targeted approach with gene association studies by sequencing DNA to screen specific genes of interest to identify rare genetic variants. The aim of DPIM is to find one of the genetic causes of mental illness. One gene of interest to this study is known to modulate the influence of medications.

Understanding the genetics has begun to pave the way for personalised new treatments and preventative strategies with fewer or absent side effects.

Who can take part?
- Anyone over the age of 18
- With an ICD (International Statistical Classification of Diseases and related Health Problems) or DSM (Diagnostic and Statistical Manual of Mental Disorders) diagnosis of bipolar disorder and schizophrenia, of:
  - White British ancestry, who has:
    - No previous involvement in genetic research

What does it involve?
Volunteers will be contacted and a meeting will be arranged with a researcher. Written informed consent will be obtained, the assessments will be completed (SADS-L Schedule for Affective Disorders and Schizophrenia- Life-time version, medication history and family history) and a blood sample will be taken.

Who should I contact for more information or to make a referral?
Clinical Studies officers:
Angeliki Kassari:
Telephone: 07718696473 angeliki.kassari@nelft.nhs.uk
Sheetal Dandgey:
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www.nelft.nhs.uk
Development and primary evaluation of a medication review tool for users of anti-psychotic medication

Led by Dr Joanna Moncrieff, NELFT Consultant Psychiatrist in Adult Community Psychiatry and Senior Lecturer at University College London Division of Psychiatry, pictured left, with Kiran Azam, Research Asistant, Angeliki Kassari and Sheetal Dandgey, clinical studies officers pictured overleaf.

Background of the research
Helping people to manage their own long-term health conditions is at the heart of the political agenda in the United Kingdom. Part of this endeavour is to support people to be more fully involved in decisions about their medication.

Many service users attending community mental health services take antipsychotic drugs, often for long periods. Research has shown that these drugs have an array of side effects, which can interfere with quality of life, and, as a result, some patients stop taking their medication in an unplanned way.

Aims of the research
Development and primary evaluation of a medication review tool for users of anti-psychotic medication (MRT) aimed to help service users identify the personal risks and benefits that taking antipsychotic medication involves, and to communicate more effectively about these with their psychiatrists. The study began in September 2011 and ended in September 2014.

We hoped, by focusing on service users’ main concerns, to improve prescribing practice and facilitate the adjustment of antipsychotic doses where appropriate. This should reduce the physical side effects associated with these medications, maximise their benefits and hopefully improve patients’ attitudes towards their medication.

Study design
The first part of the study involved the development of a medication review tool. The tool was designed to enable service users to systematically evaluate the pros and cons of antipsychotic medication, and to share their views with their psychiatrists. The tool was developed using insights from a qualitative study and further refined and piloted in consultation with service users, carers and professionals. The tool consists of a form that enables service users to list the benefits and adverse effects of taking antipsychotic medication. The form is linked to a website containing information about antipsychotic medication and the main conditions it is prescribed for.

A pilot randomised controlled trial was then conducted to evaluate the use of the medication review tool in people diagnosed with Schizophrenia or related disorders in community mental health services. The principal hypothesis was that use of the tool would improve service users’ ability to participate in decisions about their antipsychotic medication as measured by the Decision Self Efficacy Scale, an 11-item questionnaire used to assess participants’ confidence in participating in clinical discussions and decisions. Other outcomes examined included symptoms, antipsychotic side effects, service user satisfaction, attitudes to drug treatment, adherence and doses of medication.

Conducting the trial
The trial of the medication review tool was conducted in NELFT community mental health teams and early intervention in psychosis teams. Service users were eligible if they had a diagnosis of Schizophrenia, Schizoaffective disorder or a mood disorder with psychotic symptoms and were taking antipsychotic medication. Potential participants were identified through care-coordinators.

Once eligible service users had been screened and assessed, care coordinators were randomised to the intervention or control group in a cluster randomised design.

Participants in the intervention group were sent out printed copies of the form and information from the website, with a link to the website so they could look through the website and the form in their own time if they chose to do so. Care coordinators allocated to the intervention group were provided with a 15 minute training session on how to help patients use the tool and website.

Participants then met with their care coordinators to look at the website and complete the form. This meeting was intended to take place sometime before the service users’ next Care Programme Approach (CPA) meeting or medical consultation. When clients had completed the form, a copy was placed in their electronic clinical records, and they were given the hard copy to keep and take to the meeting. CPA meetings and other consultations with psychiatrists normally involve a review of the patient’s medication and the completed form was intended to be shared with the psychiatrist during the meeting in order to contribute to this process.

Service users randomised to the other group received their usual care. Service users from both groups were followed up twice after the CPA meeting or consultation. During the follow-up interviews they completed questionnaires and participants who had been in
the intervention group were asked for qualitative feedback on their experience of using the medication review tool.

**Results**

A total of 60 service users were recruited and randomised as planned from NELFT services, 30 per group. Rates of follow-up were good with 85% completing the first follow-up, and 81% completing all follow-up interviews.

There was no difference between the groups in changes to scores on the Decision Self Efficacy Scale. Patients in the intervention group had higher medication adherence scores, and slightly more positive attitudes to drug treatment. Doses of medication decreased slightly in the intervention group, and increased in the group receiving usual care over the follow-up period. However, there were no statistically significant differences between the two groups and there were also no differences in levels of symptoms, side effects or patient satisfaction scores.

Thirteen of the 22 participants who offered feedback on their experience of using the medication review tool felt it had been useful. They reported that completing the tool had helped them to identify the benefits of medication, and its adverse effects.

A service user commented: “I was able to identify what was good about the medication that I hadn’t done before. I always used to think about the negatives. It made me feel better about the medication doing some good.”

Another service user stated that using the medication review tool “made me think about all the side-effects of the medication and realise that, you know, I needed to push forward about getting something done about it”.

**Implications**

The pilot trial was successful in recruiting service users and obtaining good rates of follow-up. The implementation of the intervention was affected by frequent service changes that took place during the study period, such as team mergers and staff re-locations. The medication review tool did not increase participants’ confidence about medication decisions, but it may have influenced attitudes to medication and adherence. In qualitative feedback, participants had valued the intervention for helping them to identify both positive and negative aspects of their treatment.

The study team thanks the NELFT staff who helped with the research.

For more information contact Dr Joanna Moncrieff joanna.moncrieff@nelft.nhs.uk or Kiran Azam kiran.azam@nelft.nhs.uk

In recent years, ‘recovery’ has become a central concept within the drug and alcohol field, and there has been a significant move towards ‘recovery-oriented’ drug treatment nationally and internationally.

However, there is little consensus regarding what the term ‘recovery’ actually means. Recently, NELFT New Directions drugs service in Havering took part in a national collaborative research project that is looking at what recovery actually means to academics, clinicians, and service users, as well as also how we can best measure it.

Dr Joanne Neale, from the National Addiction Centre in London, is leading the research project and was thrilled with the effort from NELFT staff to engage service users into the research.

Dr Neale said: “Thank you for your help with recruitment to the Addiction Recovery PROM study. We recruited a grand total of 58 participants from NELFT which is wonderful. It was a great effort and we really appreciate it.”

The feedback from service users was also positive with many stating how they felt privileged to be a part of a new measure for ‘recovery’ within the substance misuse field.

Dr Annie McCloud, NELFT Consultant for New Directions, said: “We are proud to be a part of such an important piece of work. Both myself and the service manager, Matt Williamson, recognise and thank our staff who did a great job engaging a particularly difficult client group into this study. We look forward to seeing the outcomes.”

The study is expected to be completed and the results will be published early next year. The study will produce the first ever recovery outcome measure designed from the service users’ perspective.

For more information please contact Matt Williamson, Acting Service Manager, New Directions, matt.williamson@nelft.nhs.uk, or Dr Joanne Neale, Reader in Qualitative and Mixed Methods Research, National Addictions Centre, joanne.neale@kcl.ac.uk
Global news

NELFT Research and Development goes global

NELFT staff often present at high profile conferences at home and abroad to promote research findings that

Open Dialogue project showcased in New York

Dr Tom Stockmann, one of the Fellows in the NELFT Medical Education Department showcased the groundbreaking Open Dialogue project at the 19th ISPS International Congress in New York. ISPS is the International Society for Psychological and Social Approaches to Psychosis, and the theme of the Congress, held in March, was ‘From DNA to Neighborhood: Relationship and Experience in Psychosis – An International Dialogue’.

Tom presented a workshop on qualitative research of the Peer-supported Open Dialogue (POD) project in NELFT, based on a project proposal by Jack Closs, trainee Counselling Psychologist at NELFT.

The workshop introduced POD and Jack’s research, before focusing on creating a dialogue with the audience about how best to explore service user and family experiences of POD.

Tom also presented two posters at the conference. One reported on the Balint groups he started for medical students at NELFT and Barts Healthcare – studying the effects of these on student empathy towards people with psychosis. The other poster explored aspects of POD clinicians’ professional identity.

What is Peer-supported Open Dialogue?

NELFT is leading on a UK pilot of peer-supported Open Dialogue in the NHS, spearheaded by Dr Russell Razzaque.

Open Dialogue is a model of mental health care that involves a consistent family and social network approach. All healthcare staff receive training in family therapy and related psychological skills.

The Open Dialogue model revolves around ‘network meetings’, in which the service user, together with his or her family and friends, come together with clinicians. Within these meetings, the usual hierarchy is flattened, and everyone works together to make sense of what is going on, to work out how best to help the person through their crisis. Network meetings are the only forum in which decisions are made, the service user remaining consistently at the centre of the process.

The Open Dialogue approach evolved over time in Finland, Western Lapland. Some of the results from non-randomised trials there are impressive. For example, 72 per cent of those with first episode psychosis treated via an Open Dialogue approach returned to work or study within two years, despite significantly lower rates of medication and hospitalisation compared to treatment as usual. The intensity of service input is high initially, but as many people recover and are discharged, the overall resource use appears to be substantially lower than with current services.

On the basis of these promising results, the Open Dialogue model has been adopted in a number of countries around the world, including much of the rest of Scandinavia, Germany and several states in America.

In New York, the Parachute Project, a further evolution has seen peer support made integral to service delivery. Peer workers are experts in their own right, working with service users and extending social networks where necessary. Peer support has been incorporated into the NHS Open Dialogue project – hence Peer-supported Open Dialogue (POD).

Research on Peer-supported Open Dialogue

A UK-wide multi-centre Randomised Control Trial, in collaboration with Kings College, London, is planned to start in later 2016. This will compare POD to ‘treatment as usual’, in terms of recovery outcomes, hospitalisation, medication use, and wider service use. This trial will involve POD teams in a number of NHS trusts - there are staff from four trusts currently training, with further trusts planning to send staff on the next wave of training in late 2015.

In addition to this major project, there exists the opportunity and need for other research on this novel UK project.

Dr Tom Stockmann and Dr Russell Razzaque have recently started a POD research group of interested clinicians. Early plans for the group’s work include qualitative research of the effects of POD training on clinicians, and an analysis of the risk assessment process within network meetings.

Support at home interventions in dementia presented at Australia conference

Dr Georgina Charlesworth, NELFT Consultant Clinical Psychologist and Strategic Lead for Older People’s Psychology (pictured), and Lauren Yates, former NELFT Research Assistant (pictured right) attended the 30th International Conference of Alzheimer’s Disease International (ADI) Conference in Perth, Australia.

The conference, at Perth’s Convention and Exhibition Centre, in April, was attended by over 1200 health and social care providers from statutory and voluntary sectors around the world, plus academics from a wide range of disciplines including health economists and architects. Attendees also included 80 people with dementia and their family carers – the largest representation of people with dementia at an ADI conference. A key theme of the
are improving community health and mental health care for our patients and service users.

conference was ‘the dementia experience’.

Many of the presentations were delivered by people with dementia.

A second theme of the conference was ‘dementia prevention’, which included information from the ADI’s World Alzheimer’s Report on ‘Dementia and Risk Reduction: an analysis of protective and modifiable factors’. This analysis suggests that the control of diabetes and high blood pressure, as well as measures to encourage smoking cessation and to reduce cardiovascular risk, have the potential to reduce the risk of dementia even in later life. Other conference themes included: dementia friendly communities, and joint approaches to dementia and non-communicable diseases e.g. heart disease, diabetes.

Dr Georgina Charlesworth said: “I presented the findings from a large randomised controlled trial that a team of researchers from NELFT had run in four areas of England. It was part of the ‘Support at Home: Interventions to Enhance Life in Dementia’ programme of research funded by the National Institute of Health Research.

“Using data collected from people with dementia and family carers we evaluated the effectiveness of one-to-one peer support for family carers of people with dementia, and group reminiscence therapy for people with dementia and their family carers. The interventions were run as a collaboration between health and voluntary sector providers. Both forms of support were valued, and made a difference to some carers and some people with dementia, but neither made a big-enough impact for a large-enough number of the participants to be considered an ‘evidence-based therapy’. The full findings are available in an report written for participants and can be requested from the SHIELD team on shield@nelft.nhs.uk

The conference covered all aspects of dementia from early diagnosis through to end of life care. A particular theme for this conference was ‘dementia prevention and risk reduction’. I attended a set of presentations about people with dementia in acute care hospitals. People with dementia are more likely than similarly-aged people without dementia to have falls or accidents that lead to broken bones. Presenters emphasised the importance of good hospital design to make sure that the physical environment does not increase a person’s confusion.

Lauren presented on the second day within the ‘Cognition and Meaningful Engagement’ session held in the main theatre.

Lauren: “I ran workshops on Cognitive Stimulation Therapy (CST) and introduced individual Cognitive Stimulation Therapy (iCST) to the 10/66 group in Cuba in 2011. The 10/66 group is part of Alzheimer’s Disease International (ADI), and is made up of leading experts in the field of population-based research into dementia, non-communicable diseases and aging, in low and middle income countries. Results from the UCL iCST trial at NELFT found that iCST did not significantly benefit cognition or quality of life (QoL) for the person with dementia; however, it did improve the relationship with their carer. For the carer, iCST significantly improves QoL. I also had a poster on the development of iCST at the ADI in London in 2012, so this year’s conference was a fantastic opportunity to see some familiar faces and share the results of the iCST trial. The presentations and workshops I attended were excellent. Highlights were a workshop on dementia risk and prevention, and a session on the film ‘Still Alice’, which is being used as a tool to raise awareness of dementia.

For more information, contact Dr Georgina Charlesworth, Consultant Psychologist, 020 7679 1897 georgina.charlesworth@nelft.nhs.uk
**Effective Home Support in Dementia Care**

**Components, Impacts and Costs of Tertiary Prevention. A Five Year Research Programme (DCE)**

**Background**

About 60 per cent of people with dementia live in private households. Helping them to ‘live well’ necessitates establishing appropriate and effective forms of home or personal support, including that from the NHS social care and the third sector, often in combination. This also needs to take into account the wishes, views and contributions of people with dementia and their carers. However, little is known of the different forms of support in existence, their relative effects and cost-effectiveness.

Psychosocial or non-drug interventions are potentially effective approaches. Yet, there has been little work in translating these into routine home support provided through the NHS, social care and the third sector, or evaluating them. The evidence regarding how particular components, ‘active ingredients’, of these interventions could be combined into different approaches to home support and the likely effects of adopting these is relatively weak.

This research programme, funded by the National Institute for Health Research (NIHR) Programme Grants for Applied Research, has been designed to tackle these questions. The programme is now at the end of its first year, and here is a summary of the work so far.

**The Projects**

The programme (see box 1) consists of nine distinct, but interlinked projects.

**Box 1: Nine interlinked projects**

1. **Evidence Synthesis of Home Support Interventions**
   
   Evidence from an overview of reviews of psychosocial treatments has been combined with that from a systematic review of home support interventions. Various components for a synthesis of the evidence include: cognitive training, physical activity and behaviour management.

2. **National Survey of Approaches to Home Support**
   
   A national survey to identify different approaches from local authority commissioners and NHS trust managers is underway.

3. **Developing an Economic Model of Approaches to Home Support**
   
   Data from a systematic literature review of the economic evidence for home support interventions are being gathered to inform the development of an economic model, tracking virtual participants (people with dementia and their carers), through usual and more innovative care pathways, dependent on a range of home support approaches.

4. **Trial of Memory Aids through Dementia Advice Workers in Early Stage Dementia**
   
   This will be a pragmatic trial in two NHS trusts: NELFT and Pennine Care NHS Foundation Trust.

5. **Observational Study of Different Home Support Approaches in Later Stage Dementia**
   
   This will be a study exploring the relative effects of different approaches to home support, relying on different components; effects will be controlled for by analysis predicting the likelihood of receiving support. Different sites for the research are being identified.

6. **Field Testing a Dementia Toolkit to Improve Management and Commissioning**
   
   A dementia home support toolkit will be developed late 2016, synthesising the evidence for home support and providing guidance to managers and commissioners in the NHS and partner agencies. This will be undertaken at NELFT and Pennine Care NHS Foundation Trust and NELFT, and partner agencies.

7. **Analysis of Costs to People with Dementia and their Carers and their Relationship to Formal Care**
   
   Focus groups are being convened to elicit issues of concern to carers and collect data on how costs may be shared between carers and forma, NHS/social care, home support.

8. **Discrete Choice Experiments establishing preferences for components of support of people with Dementia and their carers**
   
   User and carer preferences for different components of support will be systematically elicited and analysed through discrete choice surveys for early and later stage dementia. Recruitment of participants has begun from memory services in NELFT and Pennine Care.

9. **Economic Modelling of the Impact of Different Home Support Approaches for Dementia**
   
   Evidence from all the projects will be brought together to identify potential home support initiatives combining cost-effective components into coherent and feasible packages. This will begin late 2017.

Research grant holders include NELFT, PSSRU and others. For more information please contact Professor David Challis, Professor of Community Care Research, david.j.challis@manchester.ac.uk or Alex Feast, Senior Research Assistant, alex.feast@nelft.nhs.uk
Background
Research has found that physical exercise has numerous benefits to physical health, and even reduces a person’s risk of developing dementia. What is unknown is whether physical activity can slow the progression of the disease if someone has it already.

Aims of the study
The DAPA study aims to evaluate the effect of a programme of exercise and physical activity on the memory and understanding of people with mild to moderate dementia.

Procedures
Eligible participants are screened for suitability and subject to consent, are referred and randomised into the study. The majority of people, two thirds of those taking part, are allocated to the exercise group. However, everyone who takes part provides important information to compare the effects of exercise in dementia with usual care.

The specially designed exercise programme is initially set at moderate intensity and consists of two one hour weekly sessions over a period of four months. Each class includes both resistance and aerobic exercises in a fully equipped gym at Harold Hill Health Centre, Havering. Each group consists of six participants and is supervised throughout by specially-trained research physiotherapists and a rehabilitation/exercise assistant.

NELFT was initially asked to provide one group for the study. However, due to the successful recruitment activity, we have now been asked to increase the number of groups.

Ritchard Ledgerd, NELFT Acting R&D Manager and Clinical Researcher, said: “This project has been a fantastic example of how a national research project can be facilitated within a service that had no prior research experience. Support and training have been provided to the practitioners in research methodology and delivering a specialist intervention.

“The study has been a great opportunity for collaboration with other community services, particularly the older adult’s memory service in Havering who have referred the majority of participants to the study.”

The NELFT physiotherapy team at Havering included Helena St Roas, Principal Investigator, Physiotherapists Toni Sullivan and Abidha Choudhury, and Bridget Browne, Rehabilitation Assistant.

For more information about this study contact Ritchard Ledgerd, NELFT Acting R&D Manager and Clinical Researcher, 0300 555 1200. ext. 64490; ritchard.ledgerd@nelft.nhs.uk

Currently recruiting at NELFT

DECOP: Decision Making, Context and Psychosis

An investigation of impaired context processing as underlying mechanism of symptoms and social dysfunction in non-affective psychosis.
We are looking for siblings of patients who have or have had a diagnosis of Schizophrenia or related illness.

The aims of the study
The purpose of this study is to learn more about risk and resilience mechanisms activated in response to social contextual information, by those with a diagnosis of schizophrenia and their first degree relatives.

What is involved?
Volunteers will be contacted and a meeting will be arranged with a researcher during which the study will be explained and written informed consent obtained. Participants can then take part in either of two study branches.

The first involves two sessions. During the 90 minute visit you will complete several questionnaires, an easy computerized decision making task and you will be given an electronic diary device, an iPod, for completion during the following week. For the second 1.5 hour session you will also complete questionnaires and another decision making computer task. You will be reimbursed £40 for your time.

The other branch is only one session. Completion of questionnaires and two easy decision making computer tasks. One single two hour visit. You will be reimbursed £20 for your time.

Both branches will require your attendance to the Institute of Psychiatry which is approximately a 30 minute train journey from Stratford, east London. All travel costs will also be reimbursed.

The study has been approved by the London-Harrow Research Ethics Committee

For more information or to make a referral, please contact: Theresa Sullivan Local Trial Coordinator Telephone: 07725 640658 theresa.sullivan@nelft.nhs.uk

www.nelft.nhs.uk
Current non-portfolio research

The development of an evidence-based training programme in classification-based cognitive functional therapy

Background

It is acknowledged that low back pain (LBP) is the number one leading cause of disability throughout the world causing significant socioeconomic problems and loss of quality of life (Vos et al 2012). A valid pathoanatomical diagnosis can only be made in an estimated 5-10% of LBP cases (Krismer & van Tulder 2007), with most cases (85%) classified as ‘non-specific’ (Haldeman et al 2012). In spite of substantial research efforts, recent high quality randomised clinical trials (RCTs) have shown that current interventions for non-specific chronic low back pain (NSCLBP) have only small to moderate effects (Lamb et al 2010, Little et al 2008). It has been postulated that the small differences between the effects of treatments may be linked to the heterogeneity of patients selected to participate (Foster et al 2009, Macfarlane et al 2006) and or the limitations of a strong biomedical view of LBP (Bagnall 2010).

It has been advocated that NSCLBP should be considered within a multi-dimensional bio-psycho-social framework (O’Sullivan 2012), and that patients matched with the most appropriate treatment for their individual profile, which has been referred to as ‘stratified care’. Recent trials that have employed a stratified approach have demonstrated encouraging results for patients and more focused use of health care resource (Fersum et al 2013) (Fersum et al 2013, Hill et al 2011).

One particular stratified approach for LBP called Classification Based-Cognitive Functional Therapy (CB-CFT) stratifies care based on underlying mechanisms driving pain, and targets each patient’s unique bio-psycho-social presentation (O’Sullivan 2005). Although there is evidence that supports the long-term efficacy of CB-CFT for managing NSCLBP (Fersum et al 2013), there is a need for greater understanding of the training requirements to shift physiotherapists from a biomedical focus of assessment and management to a bio-psycho-social approach. As yet there are no studies that have investigated whether novice physiotherapists are capable of adopting the CB-CFT system and delivering the intervention, and how much training will be required to achieve this in a competent and effective manner, a need this research will address.

Study Methodology

Using a mixed methods approach 10 purposively sampled physiotherapists will be evaluated before and after they undergo a six-month training programme in CB-CFT. The evaluation will include questionnaires to assess the physiotherapist’s individual beliefs around LBP and its causes, and their confidence in treating LBP. ‘Reported’ clinical behaviour will be evaluated by case vignettes and ‘actual’ clinical behaviour by observing the physiotherapists assess and treat two patients with NSCLBP (pre and post training). The physiotherapist-patient assessments will be video-recorded to allow for analysis of communication, using conversation analysis. Semi-structured interviews will be conducted (pre and post training), to allow for exploration of characteristics of the physiotherapists that may be important in determining the most effective training delivery of this intervention.

It has been suggested that to incorporate cognitive, psychological and social factors in LBP management may pose a greater training challenge for physiotherapists, than traditional biomedical focused training (Synnott et al 2015). This study will attempt to elucidate some of the contextual factors affecting the sustainable implementation of CB-CFT in primary care, and will provide the platform for a future RCT to ascertain the merits of this approach in the UK.

References

Bagnall DL. 2010. Physiatry: What's the end game? PM & R : the journal of injury, function, and rehabilitation 2: 3-5

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I started my part-time PhD in October 2014 at the Division of Psychiatry, University College London (UCL), funded by the VALID research programme*. Whilst working full-time as a research assistant on the VALID programme in the R&D department, I spend one of my days each week on my studies or attending training at UCL. The first eight months of my PhD have been a steep learning curve. Learning how to manage my own research project effectively in a small amount of time has been challenging, but with the support of supervisors and colleagues in the NELFT R&D department, the PhD club, and the training courses available both at UCL and NELFT R&D, I have learnt a great deal and have become a more efficient and independent worker.

Working previously as an assistant psychologist in a memory service and then in my current role, I noticed the needs of those caring for their loved one who had a diagnosis of dementia were not always met. There was great diversity in the journey that many carers went on - some finding it much easier to manage and cope with than others, which made me think about factors that affect how family carers cope with their task.

My PhD is investigating sense of competence in family carers of people living with dementia in the community. Sense of competence is defined as how well family carers perceive themselves as being able to deal with the task of caring. Previous research has focused on the negative impact of caring such as burden and stress, but this does not fully describe the whole caring experience, which may be a mix of both positive and negative moments. My PhD aims to include the positive aspects of caring in a revised definition of sense of competence and update current thinking about what sense of competence means to family carers and what might impact it. My PhD will also explore whether a UK-based occupational therapy intervention can improve sense of competence in these family carers, as was previously demonstrated in a study in the Netherlands (Graff et al., 2006).

As I am in the early stages of my PhD, I have spent the majority of my time planning, writing a protocol and preparing for a systematic review. As the VALID research programme funds my PhD, I will be getting the majority of my data from the randomised controlled trial involving 480 people with dementia along with their family carers (960 people in total).

The VALID programme is testing whether an occupational therapy intervention will promote independence, meaningful activity and quality of life for people with dementia and their family carers living in the community compared to usual treatment.

In the coming months, I plan to complete the systematic review and to collect data using an online national survey of family carers of those living with dementia.

*The Valuing Active Life in Dementia (VALID) research study is funded by the National Institute for Health Research’s Programme Grants for Applied Research Programme. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.
Academic Training Calendar

R&D offers an exciting range of workshops from internal and external experts on a diverse range of research topics.

<table>
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<tr>
<th>Date</th>
<th>Workshop</th>
<th>Time</th>
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<tr>
<td>8 September</td>
<td><strong>Searching for evidence</strong> with Lisa Burscheidt, NELFT Assistant Librarian, <strong>Conducting qualitative systematic reviews</strong> with Professor Thomas and Mrs Brunton from Institute of Education, UCL and Dr Flemming from University of York</td>
<td>9.30am - 12.30pm 1.30pm - 3.30pm</td>
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<td>18 September</td>
<td>PhD Club Aubrey Keep Library</td>
<td>Midday - 1pm</td>
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<td>22 September</td>
<td><strong>Speed Reading</strong> with Kathryn Redway, Management Consultant, Kathryn Redway Associates</td>
<td>9.30am - 4.30pm</td>
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<td>6 October</td>
<td><strong>Presenting at Conferences</strong> with Dr Janet Feigenbaum, NELFT Clinical and Strategic Lead for Personality Disorders, Senior Lecturer UCL</td>
<td>TBC</td>
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<td>15 October</td>
<td><strong>Good Clinical Practice training (National Institute of Health Research)</strong> with Jacki Mundy, NELFT Research Site Coordinator and Clinical Researcher</td>
<td>9am - 4.30pm</td>
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<td>16 October</td>
<td>PhD Club Aubrey Keep Library</td>
<td>Midday - 1pm</td>
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<td>4 November</td>
<td><strong>Conducting focus groups</strong> with Ritchard Ledgerd, NELFT R&amp;D Acting Manager and Clinical Researcher <strong>An introduction to qualitative research: collecting and analysing qualitative data</strong> with Dr Nicola Morant, Qualitative and Mixed Methods Consultant, University of Cambridge</td>
<td>9.30am - 12.30pm 1pm - 4.30pm</td>
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<tr>
<td>19 November</td>
<td><strong>Good Clinical Practice refresher (NIHR)</strong> with Jacki Mundy, NELFT Research Site Coordinator and Clinical Researcher</td>
<td>9.30am - Midday</td>
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<td>20 November</td>
<td>PhD Club Aubrey Keep Library</td>
<td>Midday - 1pm</td>
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<td>1 December</td>
<td><strong>How to write a research proposal</strong> with Dr Joanna Moncrieff, NELFT Consultant Psychiatrist in Adult Community Psychiatry, Senior Lecturer, UCL, Division of Psychiatry</td>
<td>9.30am - 12.30pm</td>
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Course/workshop prices:
- Workshops are free of charge for NELFT staff, carers and service users
- For everyone else: Half day = £55 Full day = £100

For more information or to register for a workshop contact Maria Long on 0300 555 1200 ext. 67942, maria.long@nelft.nhs.uk

Publications


