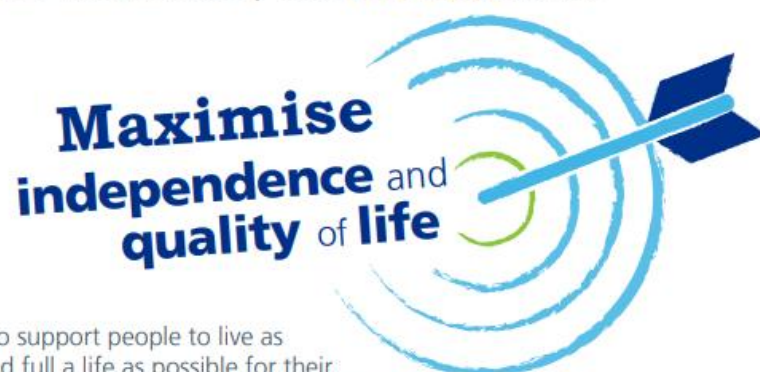


Research and Development 2023/24 annual report

At Berkshire Healthcare, our **mission** is to:



Our mission is to support people to live as independent and full a life as possible for their individual circumstance. Whether providing beginning to end of life healthcare, our purpose is to support the best possible quality of life outcome for our patients.

Our **vision** is to be:



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This report serves to provide assurance to the board compliance to the UK Policy Framework for Health and Social Care Research and applicable statutory obligations.

It also serves to evidence our delivery of the Research and Development strategy.

Data and evidence is available to support key research questions arising from CQC inspections or audits.

Executive Summary

The Research portfolio at Berkshire Healthcare NHS Foundation Trust is predominantly hosted research projects that are sponsored by other organisations and pharmaceutical industry companies. The Research portfolio is both observational and interventional research.

In 2023/24 we hosted 68 research projects; this compares to 73 research projects in 2022/2023. This includes 38 National Institute of Health and Care Research (NIHR) Portfolio studies and 30 non-NIHR Portfolio studies. Most participants recruited to the NIHR Portfolio projects were recruited into non-commercial observational studies. We were ranked joint 14th out of 46 similar Trusts (Mental Health and Community Trusts) for the number of national studies and were 18th out of 46 similar Trusts for the number of participants that we have recruited. We recruited 1014 participants (1000 recruited into non-commercial trials and 14 into commercial trials) 865 to Portfolio and 149 to non-portfolio studies of which 3 of these were Trust Sponsored studies. This compares to 690 participants recruited in 2022/23. Our pledge for 2024/25 is to recruit 965 participants.

This last year Health and Care research has been changing at pace. There have been opportunities and challenges for the research industry, research teams across services have driven improvements in patient participation, coproduction and have used Research as a tool to tackle wider health challenges for the population. In 2023/24 the Trust sponsored 4 Clinical Research projects across 3 services: Learning Disabilities (2 projects), Adult Mental Health inpatients and Child and Adolescent Mental Health Service (CAMHS).

Service	Title	Status
Adult Mental Health Inpatients	Experiences of people from BME patients What are the <i>experiences</i> of people from Black African, Afro- Caribbean and Asian individuals with a diagnosis of <i>psychosis</i> leading up to their <i>recovery</i> ?	Open and recruiting
Child and Adolescent Mental Health Service (CAMHS)	Intensive Community Treatment as an alternative to inpatient admission: a thematic analysis of the experiences of adolescents with severe psychiatric disorders and their parents/ carers	Data analysis
Learning Disabilities	The Experiences of the COVID-19 Pandemic for People with Intellectual Disabilities	Open and recruiting
Learning Disabilities	Testing a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities (Co-MAID)*	Open and recruiting

*The Co-Maid Research study is supported by the National Institute for Health (NIHR) and Care Research. This research is supported through an NIHR Clinical Doctoral Fellowship (Grant Award Number: NIHR300501) for a Clinical Doctoral Fellowship. This protocol has been co-designed with people with lived experiences and Patient and Public Involvement (PPI) through the STAR PPI groups. The co-designed project was initiated as further work was required to establish the phenomenology of mental imagery in people with intellectual disabilities. The development of tailored and accessible mental imagery interventions for people with mild to moderate intellectual disabilities by co-producing a new mental imagery intervention for people with mild to moderate intellectual disability (ID) alongside people with intellectual disabilities, their families, carers and professionals. This co-produced approach ensured the intervention was appropriate and accessible for people with intellectual disabilities. People with intellectual disabilities and their stakeholders have been integral to each part of the Co-Maid research study and will continue to shape the intervention through the project. Part of their involvement will be with the data analysis, creating the research materials, recruitment, and dissemination of the results. The study is a good example of how to conduct co-production in a way that involves people with lived experiences and their carers in equal partnership.

At the national UKRD summit in March 2024, Professor Lucy Chappell, the Department of Health and Social Care (DHSC), Chief Scientific Advisor, highlighted that the UK research portfolio remains disproportionate with 70% of participants enrolled in Research being white and English speaking, a statistic that has been highlighted and quoted as part of the Reducing Health Inequalities steering group and the Diversity Steering Group. Our aim in response to this is to ensure, where possible that we challenge the Sponsors of hosted Research projects where the inclusion criteria is restricted and that we support the services to carry out a

range of recruitment strategies that take into consideration the barriers to engagement (language, structural barriers, access, location, approach). The Research and Development team are conducting a service evaluation to review the breadth of the Research portfolio and the variation in participants recruited to Clinical Research Projects. The service evaluation will continue through the FY 2024/25, the outcome of which will demonstrate gaps in our Research Portfolio.

Although Research is not yet considered to be a core service to be included in all the Trust initiatives and programmes of work, there has been a shift in approach from key influencers across the Trust who have recognised the benefits of using a combination of various quality tools such as Quality Improvement, Research, Audit and Evaluation. As a Trust we are fairly early adopters of approaching the use of Research in this sense. The notable change in this approach has provided benefit to the Trust with Research being used to assist in the delivery of Trust strategic objectives.

The shift in approach and slight change in the culture provides a good foundation to build a refreshed Research strategy. It is evidenced that Organisations that engage in research have high levels of patient satisfaction, reduced staff turnover and increased staff satisfaction (Harding, et al., 2016 Organisational benefits of a strong research culture in a health service: a systematic review). To maximise the stakeholder engagement required to develop the Research strategy, consideration is being made to use a stakeholder engagement strategic framework development process. This process uses scenario planning techniques as a potential tool to formulate the updated strategy. The refresh of the strategy will be initiated in Q3 of 2024/25.

Dr Minoos Irani – Medical Director and Executive Lead for Research

Patient safety

Providing Safe Services

Summary

This report covers the period from 1 April 2023 to 31 March 2024 and examines data and activity in relation to the Clinical Research activity across the Trust, compliance to the UK Policy for Health and Social Care Research and how the Trust discharges its statutory duties and responsibilities applicable to Clinical Research.

Research and Development (R&D) is part of Central Services in Berkshire Healthcare NHS Foundation Trust, reporting via the Medical Director, who is an Executive member of the Board. The Research and Development Committee is accountable to the Trust Board through the Clinical Effectiveness Group (CEG). It is chaired by the Head of Research and Development; it meets every 2 months and was quorate for three of the five meetings in 2023/24. No decisions were made in meetings that were not quorate. The December committee meeting was cancelled due to member availability. R&D is also represented as an invited member of the Quality & Performance Executive Group (QPEG).

Berkshire Healthcare conducts community-based health and social care research across a range of specialty areas including Physical Health, Mental Health, Children and Young People, Learning Disabilities, Health Services Research and Ageing.

There has been research activity across all our divisions and services with the Mental Health division being our most research active. We host grants and lead trials as well as contributing to research studies being led by other NHS trusts and universities.

The research portfolio consists of 68 research projects: 38 National Institute of Health and Care Research (NIHR) Portfolio studies and 30 non-NIHR Portfolio studies. A full list of projects can be found in Appendix 1.

UK Policy for Health and Social Care Framework

Research is delivered across all divisions within the Trust. Research relevant policies and Standard Operating Procedures (SOPs) are continuously reviewed to ensure compliance with UK Policy Framework for Health and Social Care Research. Representatives from within the Research Governance team attend the Policy Scrutiny Group as a core member. Their role is to ensure that Research Governance and applicable statutory obligations are incorporated into Trust Policies and guidance where applicable. There are five Trust policies specific to Research:

1. ORG026 Research Governance
2. ORG027 Intellectual Property Policy for Research
3. ORG064 Honorary Research Contract, Letters of Access/Assurance
4. ORG074 Research Related Adverse Event Reporting
5. ORG078 Research Fraud & Misconduct

In the year 2023/24 all 5 policies were reviewed in Q4 of 2023/24 and updated in line with national guidance. These policies were ratified in Q1 of FY 2024/25, the details of which will be reported in the annual report for 2024/25.



Research governance refers to the framework to manage the research process from end to end. The Health Research Authority provides assurance to the NHS that study complies with required standards and criteria. They assess the governance, legal compliance and the ethics review and will issue approval once all other regulatory approvals, i.e. Research Ethics Committee Medicine Health Regulatory Agency, Confidentiality Advisory Group, are in place.



The Health Research Authority approval provides assurance to the NHS that study complies with required standards and criteria to free up NHS sites to concentrate on putting arrangements in place to deliver the study.



We have robust processes which are in line with the Health Research Authority guidance of assessing, arranging, and confirming capacity to deliver research. Assessment is captured within our quality management system and workflows are used to capture processes and evidence/information for in-depth reporting. We are responsible for assuring the framework is adhered to and the roles and responsibilities of individuals at the site, and any collaborating parties, are agreed and documented.

Research related Standard Operating Procedures (SOPs) are continuously reviewed to ensure compliance with national guidance and operational changes both at local, service, regional and national levels. SOPs are used by staff across the Trust and access to these is important, currently access to SOPs is restricted and facilitated by the Research Governance team, this is not a supportive mechanism. Through using the Trust Quality Improvement tools an Improvement idea has been proposed for FY 2024/25 to publish the SOPs on the Research and Development web page and Nexus page for all services to refer to. Expected timeline for this Q2 of FY 2024/25.

The national HR Good Practice Resource Pack provides the expectations for the study and the pre-engagement checks that should and should not be undertaken. To ensure appropriate access for research purposes to our patients, staff and/or Trust premises, all researchers must have the relevant access, either a substantive/Honorary research contract (HRC) or be issued with a letter of access (LoA) accompanied by a complete Research Passport. The level of access is determined by the activity the Researcher is undertaking. In 2023/24 the department issued access to 34 non-BHFT researchers. Local services have oversight and operational management for the individuals requesting the access.

All research falling under the remit of the Secretary of State for Health must have a formal Sponsor. This includes all research in health and social care that involve NHS patients, their tissue or information. The Trust sponsors home-grown research projects and hosts national projects and student research projects. In 2023/24, Berkshire Healthcare received 5 applications for sponsorship from 5 services areas (Speech and Language Therapy, Veterans Complex Treatment, Eating Disorders, Learning Disabilities and Children and Young People) and two of these were collaborative projects with the University of Reading. We have governance processes in place that evidences our compliance to sponsorship activity. The Research & Development committee have oversight of all sponsored studies and are involved in assessing the risk for interventional clinical research projects prior to Trust sponsorship approval.

Reducing harm risk for our patients

Research is used as tool to ensure our services are safe, effective, caring, responsive, and well-led. We support services to utilise research and development to address the patient safety ambition. Evidence-based practice is used to ensure services are providing safe and effective services. In-house research projects are being designed by our clinicians that address gaps in NICE guidance and address clinical concerns. 31 enquiries into the In-House Research service. These enquiries have been a mixture of home-grown Research ideas, request to collaborate with a university or an Industry partner and has resulted in 7

projects seeking Trust sponsorship approval and 3 projects receiving Trust sponsorship approval in 2023/24.

Study Name	Description	Service	Strategic Alignment
Investigating the acceptability and effectiveness of developing compassionate resilience as part of a phased based approach to treat Complex PTSD: A pilot study	Evaluate the efficacy of compassion focused therapy within a phase-based treatment for Complex PTSD To evaluate long term outcomes	Veterans Complex Treatment	Patient Experience and voice; Harm Free Care, Good Quality Safe Services, Improving Outcomes
A Novel Outcome Measure for Anorexia Nervosa and Subtypes (RCANS)	A novel patient centred outcome measure of patient recovery that more accurately reflects what patients deem recovery to be-Multi Site	Eating Disorders	Patient Experience and Voice, Harm Free Care, Working Together Innovative Solutions, Improving Outcomes
Exploring the effects of early memories of warmth & safeness and self-compassion on trauma-related shame in adults with CPTSD	Aims to understand factors that account for the variance in trauma-related shame in adults experiencing Complex Post-Traumatic Stress Disorder (CPTSD).	Veterans Complex Treatment	Patient Experience and Voice, Harm Free Care, Improving outcomes
Investigating Tic Management in Children: HRT & Racket Sports (Table Tennis)	Aims to explore potential benefits of racket-based sports (specifically table tennis) on the clinical outcomes of Habit Reversal Therapy as a non-pharmaceutical tic management intervention.	Children and Young People (CYP)	Improving Outcomes, Harm Free Care, Innovative solutions
Change mechanisms within a Compassionate Resilience Group for Complex Post-Traumatic Stress Disorder: a single case experimental design.	Single case experimental design exploring the change mechanisms with a compassionate resilience group. Sponsorship is being transferred to Berkshire Healthcare; further details will be supplied upon application	Veterans Complex Treatment	Improving Outcomes, Harm free Care, Efficient Use of Resources
Topical Analgesia Options for Pain Management of Fungating Tumours	Aims to evaluate the efficacy of local analgesia for fungating tumours	Tissue viability Service	Improving Outcomes, Harm Free Care, Efficient Use of Resources, Good Quality Safe Services
Self-Efficacy as a determinant of successful outcomes after surgery- Psychology Services Bariatric Surgery support	Questionnaire study evaluating levels of self-efficacy after surgery	Clinical Health Psychology Service	Improving Outcomes, Patient Experience and Voice, Good Quality, Safe Services

Services performed 126 evidence searches in 2023/24. The majority of searches were conducted for the purpose of clinical decision-making including patient care. Refer to Appendix 3 for a breakdown in searches by topic and role.

Berkshire Healthcare staff featured in 28 publications in FY 2023/24. 4 publications are from Clinical Research Projects which have been sponsored by Berkshire. [The iPOF study](#) A project, funded by the National Institute for health and care Research (NIHR) and hosted by Berkshire Healthcare, which aims to understand and improve online peer support forums, have published a video for people with mental health difficulties, referrers, and commissioners. The SHaRON team have worked with the University of Lancaster to develop a tool for community moderators to use as a e-learning package. The E-learning curricula will train and support moderators in reflexive practice including: understanding the moderator role; ethics of moderation; encouraging activity; understanding mental health; spotting moments of change (introductory linguistic analysis); managing challenging situations; widening access and welcoming diversity; identifying and managing risks; looking after yourself; role of supervision & peer support; signposting; continuing professional development (CPD). The content will draw on challenges described by moderators during our interviews, and practical case examples of ways to manage these. Suggested strategies will be piloted in a “sandpit” community by our co-design team, and Community of Practice moderators.

We support services across all clinical divisions to perform local, regional and national searches for Clinical Research projects and Health Services Research projects to host research projects that address patient safety. Searches are performed on a weekly basis. We continuously seek out studies which service can host that can support patients during their time waiting to access services. The below studies are examples of the Research projects that are being offered to support patients.

Title and link	Summary
BLACK ARTS	The Usage of Creative Arts Therapies for African and Caribbean Children and Adolescents with Psychiatric Disorders This project aims to understand how creative arts therapies, like music, dance, art, and drama, can help improve the mental well-being of Black young people in the UK.
IACT4CARERS	An online psychological training programme to support family carers of people living with dementia. This online programme is based on a psychological approach called Acceptance and Commitment Therapy.
iPOF	A project, funded by the National Institute for health and care Research (NIHR) and hosted by Berkshire Healthcare, which aims to understand and improve online peer support forums. As part of this project, the team in Lancaster hope to look at how online forums work as a support community. They will examine the interactions between people in posts and threads in the various online platforms to see what kinds of issues are raised and how other people respond to them. Users are then invited to volunteer to take part in an online survey, and/or one-to-one interviews to share why they use forums, and what they offer.

For further examples please refer to studies captured under disease/condition area in Appendix 1

Patient experience and voice

Using patient experience and voice, we continue work to establish strong links with our local communities by gaining patient and carer feedback. Co-production and Co-design for research projects has been a national research focus since 2016 with the National Institute for Health and care Research mandating evidence of Patient Public Involvement in all funding applications.



Carers

Research active staff continue to be member of the Carers Hub – Friends, Family and Carer network (Teams channel). Research engagement opportunities have been shared on this channel and carers and families have been actively involved in raising Research awareness amongst their communities. The Research Engagement Network, which is a network that covers the

Patient and staff experience

Patient experience/co-production

The learning disability service carried out a coproduction project with Kids charity called making participation work. The workshop was created to ask young adults with learning disabilities what was important to their health, how do they like to be communicated with, how can we as a Trust make things better for them. A workshop was co-produced with Kids Bracknell day services and in November 2023 and these took place at Langley College, BCA College, Bracknell and Wokingham College and Reading College. Kids have been jointly commissioned with the Council for Disabled Children (CDC), Contact, and the National Network of Parent Carer Forums (NNPCF) to deliver a national contract called Participation, Information and Advice (PIA). Kids are funded by the Department for Education (DfE) to carry out this supportive work for organisations and have over 7 years' experience working on participation with local authorities across England.

Kids provided Berkshire Healthcare with a [report](#) detailing recommendations:

1. Berkshire Healthcare to continue building connections and relationships with staff and young adults across the colleges.
2. Berkshire healthcare to use this information to guide prioritisation of future research projects.
3. Berkshire Healthcare should develop a communication matrix based on the young adult's preferences.

4. Berkshire Healthcare to consider the feedback from young adults and make changes to previous and future handouts where appropriate.
5. To use and share the video and easy read guide created about research on the relevant platforms.
6. Feedback to young adults on impact this and future work they are involved in has.

The report will be used in FY 2024/25 to shape the principles of coproduction for services.

Kids co-produced a video that highlights what research is and how to get involved and an [easy read guide](#) that can be shared amongst young adults with SEND to help encourage more young adults to get involved in research. The video will be released in 2024/25 for services to use.

Staff voice

The Head of Inclusion, OD & Organisational Experience participated in a Research project led by the Public Mental Health Implementation Centre (PMHIC). This was a mapping and scoping project used to provide Oxford Health Biomedical Research Centre partners, of which Berkshire Healthcare is one, with insights into data collection for Equality Diversity and Inclusion (EDI) purposes at local level and how to identify challenges and opportunities. The findings from this Research have been published. The project showed that views on collecting or accessing protected characteristics data remains a complex ethical and practical issue. In the context of the Biomedical Research Centre (BRC), it is further complicated by variations in the systems, structures and processes of organisations involved. Meaningful collaboration, effective communication and adequate resourcing were all found to be enablers of implementing Oxford Health BRC's EDI strategy and for collecting data on protected characteristics. Co-production would help with alleviating concerns among marginalised communities. The full report can be found [here](#)

Patient Research Experience Survey (PRES)

The Patient Research Experience Survey PRES is a mechanism to gain feedback regarding participant experience in taking part in research. This enables us to improve our service and incorporate feedback to aid in service development. We have a robust strategy in place to ensure that the survey is sent to all patients approached regarding research and all participants who enrol into projects.

Thames Valley and South Midlands have an ambition to receive 1,164 PRES returns in 2023/24. Berkshire Healthcare has distributed a total of 9,125 PRES and 'it's ok to say no' surveys in 2023/24. 40 PRES were received in 2023/24 and 19 'it's ok to say no' responses have been returned. The data is analysed by the central coordinating centre who will distribute an annual report for the region in Q1 of FY 24/25.

The Trust supported the move to an 'opt-out' approach to Research. This is an organisational change that is being supported by the Information Governance team. The Information Commissioner's office has provided the Trust with the guidance around [research provisions](#) from within the UK GDPR and the DPA 2018. The UK RD community are sharing implementation plans with Trusts who are currently hold a "op-in" status. NHS England are supporting this piece of work as they are able to provide more information regarding what other NHS trusts are doing. As the trust is changing from an opt-in policy to an opt-out policy the lawful basis will be changing and there are fundamental steps to consider for patients that have been or open to our service before the change is implemented. Consent is still required for individual Research projects regardless of the change. An action-plan is being utilised to ensure a smooth implementation and to populate a Data Protection Impact Assessment Form.

The opt-in approach has significant advantages for both patients and researchers. Patients consider research to be important and that they want to be made aware of opportunities to participate in research. Research evidence has shown that an 'opt-out' approach to research recruitment could benefit both clinical research and patient care.

Health inequalities

The research team continue to support the Trust in their focus on health inequalities, through planning and delivery of research studies. The department approved sponsorship for one study this year that aims to test a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities. Research tools are being used within the Mental Health Act Detention work, where the ambition is to secure National funding for a larger Research project to support the aim to decrease the absolute number of people detained under Mental Health Act Section 2 in Berkshire. Supporting this piece of work the team is seeking to explore community-based support for rehabilitation and reintegration, with the goal of preventing repeat detention.

Berkshire Healthcare is a member of the NHSE Research Engagement Network Development Programme. This programme aims to increase diversity in research participation through the development of community engagement. Representatives from Berkshire Healthcare are working with the Buckinghamshire, Oxfordshire and Berkshire Integrated Care System and Voluntary Sectors Community Enterprise alliance partners to ensure existing forums and organisational processes are used to create a unified and coordinated approach. By using evidence from research engagement projects, the principles and hallmarks of people-centred clinical research and collaborating with stakeholders, a unified and coordinated approach can be shared and used Trust wide for all engagement activities.

The research team continue to support the Trust in their focus on health inequalities through planning and delivery of research studies. Services across all clinical divisions are performing local, regional and national searches for Clinical Research projects and Health Services Research projects aligned with the health inequalities priorities of the service and location.

The Sexual Health Clinic hosted the HIS-UK study. This study was sponsored by the university of Southampton and was part of the National Institute for Health and social care Research for Public Health Research Programme study. The study evaluated the Home-Based Intervention Strategy to reduce new chlamydia infection among young men aged 16-25 years by promoting correct and consistent condom use. The HIS-UK study found that the intervention induced a positive change in condom use behaviour over the observed period. It also showed that there was a robust positive effect on condom-related beliefs and perceptions. The summary report has been circulated with the committee papers.

The Research and Development team have embedded staff within the Diabetes service who are working to develop a Research strategy for the service. The strategies aim will be to increase patient access to research in diabetes through increasing engagement with the community diabetes team and other healthcare professionals in order for them to host industry research projects that align with the priorities of our patients. The service has started working with the University of Reading with an aim to develop patient centred research studies that will support rapid translation into new treatments and improvements to care. Increase the workforce, capacity and capability within the diabetes service.

The strategy will help to ensure the staff members, patients, carers and partners know the benefits and impacts of the research we are involved in and will help to embed Research into the clinical service.

Workforce

Aligning with the Trusts strategy to make the Trust a great place to work for everyone supporting our people and encouraging partnership working is of paramount importance to the research that we deliver in Berkshire Healthcare.

We collaborate with health and social care partners, including Integrated Care Boards (ICBs); these partnerships allowed us to work with 23 universities, 6 NHS organisations and several commercial and small technology companies. This brought research opportunities to patients, staff, and carers aiming to address Health Inequalities and provide better, more efficient care. Through collaboration our local communities strengthen the opportunities and deliver research projects that respond to local community needs.

Our aim is to attract and retain research interested, skilled and experienced staff who feel that their skillsets are valued. That they are empowered to progress research interests and careers at Berkshire Healthcare. Recruiting and retaining a consistent workforce continues to be one of the biggest challenges we face at Berkshire Healthcare. There are 42 Berkshire Healthcare employees who are funded, through part funding or whole time equivalent, that support the delivery of Research across the Trust.

Embedded

Berkshire Healthcare's research culture demonstrates clear benefits for the development of staff skills. It is our vision to ensure all staff can articulate the role they play in research. Clinical research increases staff engagement and retention by ensuring that innovations and advancements of clinical practice can be adopted into departmental practices, whilst also contributing to evidence-based practice and enabling skill and knowledge development for staff. The ambition is to support research development opportunities akin to the internship/clinical academic role, across several disciplines.

Evidence demonstrates that Trusts active in clinical research have better patient care outcomes. Delivering innovative ways of working and care initiatives aids the development of research skills and supports development of staff across the organisation ensuring that we can build and sustain teams fit for the future. Wherever possible externally research generated funds have enabled us to invest in clinicians based within clinical services. They support the development and delivery of research rather than this sitting within the core R&D team. This helps to provide embedded access to opportunities which are relevant to local populations and develops research knowledge and skills within the clinical services.

A member of staff within our Mental Health Division applied for the National Institute for Health and social care Research (NIHR) Pre-doctoral Fellowship Round 6. With another member of staff successfully applying for the Applied Research Collaboration Oxford Thames Valley Social Care Internship to support Older Adult Mental Health services. These internships aim to develop the research skills of health and social care professionals and researchers through supporting growth in applied health and care research, supporting career development across professions and disciplines, and supporting the development of the next generation of applied health and care researchers.

Capacity and capability for Research has increased within the Community Physical Health Division. A member of the nutrition and dietetic team applied for the Oxford Institute of Applied Health Research Integrated Clinical Academic (ICA) Internship Programme (2024-2025). This programme provides an introduction to a range of concepts and approaches relating to applied health research aimed at supporting Nursing, Midwifery and Allied Health Professional interns develop research skills further. Green shoots funding provided by the Clinical Research Network provided the Clinical Director for Community Scheduled Care Services with protected time to raise the profile of Research within the division. There is an increased visibility and engagement. Research is included as an objective for the division and services. The protected

time was used to encourage research in staff student projects, arrange a successful show-and-tell event with another one arranged for October 24, for those staff who have participated or run their own research projects to share amongst the division. The funding achieved the objective to raise the profile and has provided the research and development department with the research interests of the services and support required across the division. Further collaborations to demonstrate shared learning and using research within the service is planned for FY 24/25, this is specifically with the Applied Research Collaboration and the clinical director for Oxford Health's Community Directorate. There is also work ongoing to develop research to reduce the pressures on these services and to contribute to the evidence base where there are significant gaps.

Refer to Appendix 5 for further examples of initiatives that support embedding Research across the Trust and the core Research team structure.

Efficient use of resources

The R&D department are predominantly funded by the National Institute for Health and Care Research (NIHR). The majority of this is Activity Based Funding (ABF) and is received via the Local Clinical Research Network (CRN) Thames Valley and South Midlands.

Funding is supplemented by NIHR Research Capability Funding (RCF), a small commercial and non-commercial stream of income and some trust finance. Funding is allocated annually; several team members hold short term contracts as funding is based on previous years' research activity.

Research External Income Sources

Ensuring we are a financially sustainable organisation; the aim is to have a minimum of three National Institute for Health and Care Research (NIHR) grant funded projects hosted by Berkshire Healthcare at any time.

We currently host two National Institute for Health and Care Research (NIHR) grant with 3 applications pending for awards in the following categories: Research for Patient Benefit and Health Services Research.

Integrated Clinical and Practitioner Academic (ICA)

We host an Integrated Clinical and Practitioner Academic (ICA) grant award through the NIHR for a Doctoral Research Fellowship award. This award is to facilitate the educational award through the study "Developing a novel, co-produced, mental imagery intervention with people with mild to moderate intellectual disability".

Health Services and Delivery Research Programme

We host a Health Services and Delivery Research Programme grant through the NIHR with the University of Lancaster for the delivery of the iPOF study "Realist evaluation of online mental health communities to improve policy and practice".

We continue to build and support collaborations with university partners to develop NIHR grant applications. 8 grant applications are awaiting decision from the following funders: National Institute for Health and Care Research (NIHR) to Research for Patient Benefit, NHS charities, National Institute for Health and Care Research (NIHR) Insight award and National Institute for Health and Care Research (NIHR) Pre-doctoral fellowship.

Research and Development Income 2018-2024

R&D External Income Sources						
Source	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Clinical Research Network Core Funding	400,000	420,000	445,000	463,000	477,000	495,500
Clinical Research Network Contingency Funding	39,413	5,000	0	35,424	52,158	18,727
Greenshoots Funding	0	13,358	0	0	0	6,069
Excess Treatment Cost Payments	0	3,106	352	9,293	3,807	0
Research Capability Funding	20,000	20,000	52,960	48,054	29,073	71,660
Commercial Income	1,500	0	0	7,102	26,508	17,879
Non-commercial Research project income	8,953	2,414	3,457	28,021	20,456	21,107
Hosted Grants						
National Institute for Health and Care Research Grant (IBER)	5,258	150,353	63,279	26,555	0	0
National Institute for Health and Care Research Grant (ASCEND)	0	2,755	151,125	117,133	0	0
National Institute for Health and Care Research Grant (iPOF)	0	0	0	0	337,801	301,951
National Institute of Health and care Research Doctoral Research Fellowship (LD serv	0	0	3,171	109,273	0	15,753
Direct income* via external collaborations/hosted Research project						
STADIA Research Grant (National Institute for Health and Care Research Grant Health Technology Assessment Programme)	0	7,003	11,554	6,420	15,338	2,243
R&D Services provided to Wiltshire Health & Care LLP	0	0	0	0	0	33,588
Applied Research Collaboration Internship funding (MSK Physio service)	0	0	0	0	9,219	7,800
Applied Research Collaboration (Mental Health Act Detention project)						10,237
Biomedical Research Centre (Oxford Health NHS Foundation Trust)						15,291
Complex PTSD study (Queens University Belfast via Oxford Health Biomedical Research Centre)						22,272
Totals	475,124	623,989	730,898	850,276	971,360	1,040,078

*Direct income to Berkshire Healthcare for Staff & Research costs

Hosted Grants Usage

IBER Grant Funding

University of Exeter	2,485	13,432	7,895			
University of Reading		99,749	32,292	17,500		
Devon Partnership NHS Trust		23,671	15,364			
Oxford University Innovation Ltd		6,600				
University of Glasgow				9,055		
Other Participant Expenses	2,772	6,900	7,728			
	5,258	150,353	63,279	26,555	0	0

ASCEND Grant Funding

Oxford Health NHS Foundation Trust		2,755	1,873	922		
University of Reading			149,252	96,819		
University College London				7,528		
University of Essex				11,864		
	0	2,755	151,125	117,133	0	0

iPOF Online Mental Health Communities Grant Funding

Lancaster University					303,373	265,130
University of Manchester					29,843	28,236
Other Participant Expenses					1,588	5,010
Berkshire Healthcare Staff Costs					2,997	3,575
	0	0	0	0	337,801	301,951

National Institute of Health and care Research Doctoral Research Fellowship (LD service)

Berkshire Healthcare Staff & Research Costs	0	0	3171	109273	0	15753
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Research funded posts

Embedded*

Funded Posts		
Service	Posts Funded	Funding Source
OPMH - Wokingham, Newbury, Reading, Slough and Bracknell	0.2 wte funded in each (1 wte in total)	Clinical Research Network
Sexual Health	0.21 wte funded (0.1 wte of consultant)	Clinical Research Network & Capacity Funding
Psychology Trauma	0.2 wte funded	Oxford Health PTSD & BRC projects
Web Services SHaRON	0.55 wte funded	Clinical Research Network/ iPOF project
Physiotherapy WAM MSK	Salary backfill for Internship £9.2k	ARC-OxTV and Oxford Brookes University
LD Psychology	0.8 wte funded (maternity leave in 2022/23)	NIHR Fellowship
LD Management	0.3 wte band 6 for 4 months funded	Clinical Research Network
Administration	0.2 wte band 5 for 4 months funded	Clinical Research Network
Locality Management Childrens Services	0.06 wte band 8C for 4 months funded	Clinical Research Network

Core Research team*

Role	Whole Time Equivalent	Area	Role	Whole Time Equivalent	Area
R&D Operations manager	1	Research Governance	Research Nurse (General)	3.12	Clinical Research Delivery (Partner Study Support Service)
Research Officers	2	Research Governance	Research Nurse (Mental Health)	2	Clinical Research Delivery (Partner Study Support Service)
Business Apprentices	2	Research Governance	Clinical Research Practitioners	5.8	Clinical Research Delivery (Partner Study Support Service)
Clinical Trial Pharmacist	0.2	Pharmacy Services	Assistant Research Practitioners	2.31	Clinical Research Delivery (Partner Study Support Service)
Accountant	0.2	Finance	Researcher (Dementia)	1	Clinical Research Delivery (Partner Study Support Service)
Lead Research Nurse	1	Clinical Research Delivery (Partner Study Support Service)	Speech and Language Therapist	0.8	Clinical Research Delivery (Partner Study Support Service)

*Equates to 42 Berkshire Healthcare employees who are funded, through part funding or whole time equivalent, that support the delivery of Research across the Trust.

Conclusion

In the last year Berkshire Healthcare are represented on national forums addressing capacity and capability within Community and Mental Health Hospitals. There has been significant progress made across the Trust to increase Research capacity and capability, this will inevitably increase the integration of Research into business as usual. The creation of the Mental Health Clinical Research Centres has benefited the Research community as the creation of the [Mental Health Incubator](#) has provided support (and highlights opportunities) to aspiring researchers in mental health.

Although Research is not yet considered to be a core service to be included in all the Trust initiatives and programmes of work, there has been a shift in approach from key influencers across the Trust who have recognised the benefits of using a combination of various quality tools such as Quality Improvement, Research, Audit and Evaluation. As a Trust we are fairly early adopters of approaching the use of Research in this sense. The notable change in this approach has provided benefit to the Trust with Research being used to assist in the delivery of Trust strategic objectives. The recruitment pledge for 2024/2025 is 965 research participants.

The shift in approach and slight change in the culture provides a good foundation to build a refreshed Research strategy. It is evidenced that Organisations that engage in research have high levels of patient satisfaction, reduced staff turnover and increased staff satisfaction (Harding, et al., 2016 Organisational benefits of a strong research culture in a health service: a systematic review). To maximise the stakeholder engagement required to develop the Research strategy, consideration is being made to use a stakeholder engagement strategic framework development process. This process uses scenario planning techniques as a potential tool to formulate the updated strategy. The refresh of the strategy will be initiated in Q3 of 2024/25.

Appendix 1 - Summary of all Clinical Research studies FY 2023/24

Older Adult projects				
Study title and lead	Summary	Reference	Portfolio Status	Study end date
Falls and Dancing	There is some evidence that dance may reduce the number of falls that a person has. However, no one has previously looked at whether dancing with a partner or without a partner has any advantage over receiving general physiotherapy advice for improving strength and balance. We plan to randomly allocate people who recently had a fall to undertake regular movement exercises by either dancing in a group, dancing with a partner or by standard physiotherapy over a period of 12 weeks. We will be measuring muscle strength, balance and confidence in everyday activities and fear of falls before, during and after the start of the project to see which of the various treatments has benefited the patient most.	2022-21	Non-Portfolio	31/05/2024
iACT4CARERS	This study is a large trial testing if internet-delivered self-help Acceptance and Commitment Therapy for family carers of people with dementia (iACT4CARERS) is helpful in improving psychological well-being.	23MHSN3 24157	Portfolio	01/08/2025
FAST	This study is designed to determine the feasibility and acceptability of collecting and analysing blood samples as well as cognitive data relevant to dementia risk from three sources of participants	23MHSN3 01319	Portfolio	24/05/2024
DiSCOVERY WP2-4	Survey to understand people's cultural needs in relation their experience of post-diagnostic support and through Recovery College dementia courses, we want to hear from people living with dementia including family and friend supporters, from Black, Asian or other cultural or ethnic minority backgrounds who attend Recovery College dementia courses or would like to.	23MHSN3 15262	Portfolio	31/03/2024

Mental Health projects				
Study title and lead	Summary	Reference	Portfolio Status	Study end date
Bipolar				
IBPI	PIC. We are recruiting paid participants to test how helpful online parenting support is for parents with bipolar disorder.	23MHSN309190	Portfolio	01/10/2025
Depression				
Genetic Links to Anxiety and Depression (GLAD)	<p>Kings College London will explore genetic and environmental factors associated with risk for depression and anxiety disorders in the UK, to understand these common disorders and help develop better treatments.</p> <p>The participants will be recruited into an existing biobank, the NIHR BioResource for Translational Research in Common and Rare Diseases, a re-contactable biobank. Our recruitment will help towards forming the largest re-contactable biobank of participants diagnosed with or suffering from two very common disorders, depression and anxiety, who will be primarily recruited through an online platform.</p>	2019-13	Portfolio	01/09/2028
iPOF	We aim to find out: how online mental health forums work; why some work better than others; and why some people find them helpful, and others do not. Based on what we find, we will work with stakeholders to develop tools to improve the design and support from online mental health forums	2022-26	Portfolio	31/12/2024
Pharmacogenetics	We are researching whether genetic testing is beneficial for people who take antipsychotic medications.	2023-05	Portfolio	30/11/2024
IMPase	PIC. This study is testing if ebselecan can alter the way that people react to emotional material delivered by a range of computer tasks. We are recruiting healthy participants as a baseline measurement of emotional processing to compare with patients with treatment-resistant depression. Healthy participants do not need to take the medication	23MHSN276211	Portfolio	31/05/2024

Eating Disorders				
Eating Disorders Genetics Initiative	Online questionnaire and saliva sample looking at environmental and biological factors in those with an eating disorder.	2023-08	Portfolio	01/09/2024
Learning Disabilities				
The Experiences of COVID-19 for People with ID and their Supporters	The research question is: What are the experiences of people with ID and their relatives, carers, GP's and other health and social care professionals working with them during the COVID-19 pandemic? For relatives, carers, GP's and other health and social care professionals, the follow up aim is to explore how their experiences has impacted their role in caring/supporting the person/people with ID. The aim is to conduct short video interviews (up to 5-15 minute) and focus groups (20-60 mins) with participants (3-4 participants in each group), transcribe interviews verbatim and analyse using thematic analysis.	2022-02	Non-Portfolio	31/03/2026
Psychosis				
Molecular Genetics of Adverse Drug Reactions (MolGen)	A biomarker study that aims to define the genetic and non-genetic risk factors predisposing to adverse drug reactions to clozapine.	2013-04	Portfolio	30/04/2026 (Paused)
PPiP2	A study that aims to establish the prevalence of pathogenic antibodies in patients with first episode psychosis.	2017-44	Portfolio	30/11/2027
What are the experiences of people from black and minority ethnic groups with a diagnosis of psychosis leading up to their recovery?	The intent of the study is to learn about patients' experiences with a diagnosis of psychosis from different ethnic backgrounds who has attained recovery.	2019-18	Non-Portfolio	31/03/2024
STAR	Our aim is to look at whether a specific talking therapy to help with the extreme psychological aftermath of having experienced a trauma (Post-Traumatic Stress Disorder; PTSD) is effective in people with psychosis (whose symptoms include hearing voices and having unusual beliefs). Many such individuals have had multiple traumatic experiences, both in childhood and adulthood. Around 15% develop PTSD as a result, for instance	2022-20	Portfolio	30/11/2024

	constantly feeling fearful or on edge, having nightmares and 'flashbacks', where the event is relived in the here and now. Recent small studies, including by our group, have shown that therapies focusing on the trauma can be safe and helpful in people with psychosis symptoms. We aim to find out in a definitive study whether this therapy reduces PTSD and other symptoms, is safe and acceptable, and how much it costs			
The Phoenix VR Trial	The purpose of the study is to find out whether people are satisfied with the new VR therapy, if it is easy to use, and whether it may help increase self-confidence. Phase 1 will assess users' satisfaction with the VR therapy and Phase 2 is a randomised control trial where users will either use the VR therapy or treatment as usual.	2022-31	Non-Portfolio	30/06/2024
PATTERN	In this study we aim to use two non-invasive devices to measure various physical characteristics (e.g. body composition – fat and muscle mass, heart rate, oxygen levels) in people with and without mental illness. We will evaluate any similarities or differences in the measured physical characteristics across different mental health and physical health diagnoses.	23MHSN281457	Portfolio	31/10/2023 (in follow up)
Reasoning biases and paranoia in the context of personality disorder	Many people with a diagnosis of psychosis experience paranoid thoughts and this has been widely researched. However other groups, such as those with a diagnosis of personality disorder, also experience paranoid thoughts. We are interested in whether people with a personality disorder diagnosis also exhibit the reasoning bias 'jumping to conclusions' and we predict they will. Understanding what it is that may contribute to the maintenance of paranoid thoughts may help us target these contributing factors in future treatments and improve outcomes for those experiencing paranoia	23MHSN315977	Non-Portfolio	31/03/2024
Feeling Safer	Persecutory delusions (inaccurate beliefs that others intend to harm you) are very common in mental health conditions such as schizophrenia. Existing treatments often don't work well enough. This is why we developed the Feeling Safe programme. We recently tested Feeling Safe in a clinical trial with 130 patients with persistent persecutory delusions. The treatment was delivered by clinical psychologists over 20 sessions. Half of people achieved large benefits. Another quarter made moderate gains. The challenge now is to make Feeling Safe widely available. So, we have created a six-month guided online version. A range of mental health workers can support the delivery of the treatment. The new programme is called Feeling Safer.	23MHSN330744	Portfolio	30/01/2026

PTSD				
Does a phased approach enhance outcomes for CT-PTSD for Complex PTSD?	The study will compare the delivery of Trauma-Focused Cognitive Therapy (TF-CT) with and without a phased element. In one group, the treatment involves the immediate provision of the CT-PTSD protocol, which is adapted individually to each patient, and in the other group CT-PTSD is provided after 8 sessions of compassionate resilience training (phased CT-PTSD). The study will consider whether both approaches work equally well or whether there are advantages in providing a phased approach, or a non-phased approach for some groups of patients.	2023-11	Portfolio	28/02/2026
Change mechanisms within a Compassionate Resilience Group for Complex Post-Traumatic Stress Disorder	Our goal is to find out if the group therapy called Compassionate Resilience Group CRG is an effective treatment for people with Complex PTSD (CPTSD) and how it can help reduce shame and improve self-compassion, social safeness and HRV. This study will improve treatments for people with CPTSD and help them lead happier and healthier lives	23MHSN325647	Non-Portfolio	15/07/2024
Personality Disorders				
Study of psychological staff team decision making regarding risk	The study's objective is to develop a theoretical framework of understanding how psychological clinicians make team decisions around client risk; identifying clinical and non-clinical factors considered during the decision-making process within specialist psychological therapy teams working with EUPD.	23MHSN321366	Non-Portfolio	29/04/2024
Suicide				
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	Establishing and regulating working practices for safeguarding the receipt, disclosure and holding of identifiable patient information	2018-38	Portfolio	31/03/2027
IAPT (Talking Therapies)				
Prolonged Grief Study	(PIC) Prolonged Grief Disorder is a newly recognised mental health problem arising after a bereavement. This study is investigating the acceptability of a new cognitive therapy programme for PGD to bereaved adults. The study involves working through the therapy	23MHSN311815	Portfolio	31/05/2027

	programme online via computer or smartphone app, with guidance from a therapist via secure messaging and telephone/video calls, for three months.			
Therapeutic Communities				
An Exploration into Therapeutic Community Experiences	The current project aims to understand current and former members' experiences of these modified 'fusion' Therapeutic Communities situated within the National Health Service (NHS)	23MHSN323693	Non-Portfolio	30/09/2024

Children Family and All age services (CFAAS) projects				
Study title and lead	Summary	Reference	Portfolio Status	Study end date
Intensive Community Treatment as an alternative to inpatient admission	Berkshire CAMHS is offering a new Day Care, Community and Intensive Home Treatment Service as an alternative to in-patient hospital care. Our research study aims to find out what young people and their parents/ carers think about the Service.	2021-39	Non-Portfolio	30/06/2024
Ways to Wellbeing	This study aims to examine if lifestyle factors, including diet, sleep, and physical activity, are associated with psychological distress and wellbeing in children and young people. This will help inform treatment and service delivery directions, especially within the local and regional contexts.	2022-11	Non-Portfolio	01/01/2024 (to be extended)
Targeting Self-Cognitions in Adolescents with Paranoia	This study aims to examine for the first time the role of negative and positive thoughts about the self (self-cognitions) in the occurrence of state paranoia in adolescents using an experimental design known as a causal interventionist paradigm	23MHSN3 26269	Non-Portfolio	30/09/2024
The Anhedonia Scale for Adolescents (ASA)	The aim of the study is to help better understand the way in which we measure anhedonia in adolescents and whether more focus needs to be on this feature when assessing and treating depression in adolescents.	23CYPFLD N249848	Non-Portfolio	04/06/2024

Physical Health Service projects				
Study title and lead	Summary	Reference	Portfolio Status	Study end date
Diabetes service				
ADDRESS II	The project aims to establish a support system to facilitate future research into type 1 diabetes. The system will consist of a database of individuals with new-onset type 1 diabetes and their siblings who will have consented to be contacted by the study team about future diabetes research. Some participants will have agreed to provide in addition a blood sample for DNA and specific antibody tests.	2020-37	Portfolio	30/04/2024
EQUIP D	The purpose of this study is to explore how people engage with, and respond to, the National Diabetes Audit Quality Improvement Collaborative. To achieve this, the study will interview both people who are involved with the Collaborative and people who have not yet joined.	23CPHSN318824	Portfolio	01/07/2024
Stroke				
INSPIRES-2	This study will test whether the Sleepio programme improves sleep quality after stroke in comparison to usual care	23CPHSN306291	Non-Portfolio	31/12/2024
Tissue Viability				
Silver II	Commercial. This is a Post Market Clinical Follow Up Study and the performance data from this study aims to show successful improvement in the signs and symptoms of infection, without re-infection during 6-week treatment and follow up period in certain wound types. It also aims to show product safety, wound healing progression, decrease in participant pain and clinician satisfaction with the Silver II Non-Woven Dressing.	2022-10	Portfolio	31/07/2024

Non-health related studies				
Study title and lead	Summary	Reference	Portfolio Status	Study end date
Staff				
Religious identities in healthcare groups	A survey to investigate how the religious identities of medical professionals working for the NHS influence group mood, performance and satisfaction and understand the religious and professional identities of medical professionals and how they are negotiated and interact with each other within the context of the NHS.	2022-33	Non-Portfolio	15/03/2024
Restorative Just Culture interventions	The purpose of the study is to better understand the implementation and effectiveness of restorative just culture interventions in NHS Trusts and any barriers and enablers encountered in this process.	23TWON331402	Non-Portfolio	31/08/2024



Appendix 2 – BHFT Staff Research & Publications

April 2023 – March 2024

BHFT staff featured:

1. [Olivia Hewitt](#)
2. [Sarah Sollesse and Judith Chapman](#)
3. [Emma Donaldson, Jade Haines, Kate Penhaligon and Sara Wise](#)
4. [Olivia Hewitt](#)
5. [Rebecca Chester](#)
6. [Holly Eve Dale](#)
7. [Thuthirna Jebarsan and Viviane Ghuys](#)
8. [Jovanka Tolmac](#)
9. [Hope Blocksidge, Lara Willis and Jon Codd](#)
10. [Jennie Parker](#)
11. [Helen Phillips, Tichaona Mubaira, Angela Childs, Lucy Saunders, Daren Bailey, Reuben Pearce, Helen Robson, Jemma-Louise McCann and Sara Sinclair](#)
12. [Alice Farrington](#)
13. [Laura Johnsen](#)
14. [Ana Popa](#)
15. [Guy Northover](#)
16. [Rebecca Chester](#)
17. [Olivia Hewitt, Jon Codd and Karla Maguire](#)
18. [Rebecca Chester](#)
19. [Tamsin Marshall](#)
20. [Tim Smith](#)
21. [James E.G. Charlesworth, Omar Ghosn, Noor Hussain, Rafi Mahmoud, Virginia Goncalves and Meghana Godbole](#)
22. [Florence Genis](#)
23. [Laura Johnsen](#)
24. [Rebecca Chester](#)
25. [Amy Wire](#)
26. [Esther Rowland](#)
27. [Tauseef Mahdi](#)
28. [Katie Wise](#)

Record 1:

Tapp, K., Vereenoghe, L., Hewitt, O., Scripps, E., Gray, K.M. And Langdon, P.E., 2023. Psychological therapies for people with intellectual disabilities: An updated systematic review and meta-analysis. *Comprehensive psychiatry*, 122, pp. 152372.

Abstract: OBJECTIVE: The aim of this systematic review and meta-analysis (PROSPERO 2020 CRD42020169323) was to evaluate the efficacy of psychological therapy for people with intellectual disabilities.

METHOD: A comprehensive literature search yielded 22,444 studies which were screened for eligibility. Studies were eligible for inclusion if a psychological therapy was delivered to people with intellectual disabilities compared to a group who did not receive the therapy. Thirty-three controlled trials were eligible for inclusion in the review, with 19 included within a DerSimonian-Laird random effects meta-analysis. Subgroup analysis was completed by clinical presentation, and by comparing randomised trials to non-randomised trials, and group-based to individually delivered psychotherapy. **RESULTS:** Following the removal of outliers, psychological therapy for a range of mental health problems was associated with a small and significant effect size, $g = 0.43$, 95% CI [0.20, 0.67], $N = 698$. There was evidence of heterogeneity and bias due to studies with small sample sizes and a lack of randomisation. Non-randomised studies were associated with a large effect size, $g = 0.90$, 95% CI [0.47, 1.32], $N = 174$, while randomised studies were associated with a small effect size, $g = 0.36$, 95% CI [0.17, 0.55], $N = 438$, excluding outliers. Individually delivered psychological therapy was associated with a small and non-significant effect size, $g = 0.32$, 95% CI [-0.01, 0.65], $N = 146$, while group-based interventions were associated with a small and significant effect size, $g = 0.37$, 95% CI [0.05, 0.68], $N = 361$, again, excluding outliers. Psychological therapy for anger was associated with a moderate effect size, $g = 0.60$, 95% CI [0.26, 0.93], $N = 324$, while treatment for depression and anxiety was associated with a small and non-significant effect size, $g = 0.38$, 95% CI [-0.10, 0.85], $N = 216$, after outliers were removed. **CONCLUSIONS:** Studies are fraught with methodological weaknesses limiting the ability to make firm conclusions about the effectiveness of psychological therapy for people with intellectual disabilities. Improved reporting standards, appropriately powered and well-designed trials, and greater consideration of the nature and degree of adaptations to therapy are needed to minimise bias and increase the certainty of conclusions. **Access or request full text:** <https://libkey.io/10.1016/j.comppsy.2023.152372>

Record 2:

Palacios, J., Adegoke, A., Wogan, R., Duffy, D., Earley, C., Eilert, N., Enrique, A., Sollesse, S., Chapman, J. And Richards, D., 2023. Comparison of outcomes across low-intensity psychological interventions for depression and anxiety within a stepped-care setting: A naturalistic cohort study using propensity score modelling. *British journal of psychology* (London, England: 1953), 114(2), pp. 299-314.

Abstract: Low-intensity interventions for common mental disorders (CMD) address issues such as clinician shortages and barriers to accessing care. However, there is a lack of research into their comparative effectiveness in routine care. We aimed to compare treatment effects of three such interventions, utilizing four years' worth of routine clinical data. Users completing a course of guided self-help bibliotherapy (GSH), internet-delivered cognitive behavioural therapy (iCBT) or psychoeducational group therapy (PGT) from a stepped-care service within the NHS in England were included. Propensity score models (stratification and weighting) were used to control for allocation bias and determine average treatment effect (ATE) between the interventions. 21,215 users comprised the study sample (GSH = 12,896, iCBT = 6862, PGT = 1457). Adherence-to-treatment rates were higher in iCBT. All interventions showed significant improvements in depression (PHQ-9), anxiety (GAD-7) and functioning (WSAS) scores, with largest effect sizes for iCBT. Both propensity score models showed a significant ATE in favour of iCBT versus GSH and PGT, and in favour of GSH versus PGT. Discernible differences in effectiveness were seen for iCBT in comparison with GSH and PGT. Given variance in delivery mode and human resources between different low-intensity interventions, building on these findings would be valuable for future service provision and policy decision making. **Access or request full text:** <https://libkey.io/10.1111/bjop.12614>

Record 3:

Lobban, F., Coole, M., Donaldson, E., Glossop, Z., Haines, J., Johnston, R., Jones, S.H., Lodge, C., Machin, K., Marshall, P., Meacock, R., Penhaligon, K., Rakić, T., Rawsthorne, M., Rayson, P., Robinson, H., Rycroft-Malone, J., Semino, E., Shryane, N. And Wise, S., 2023. Improving Peer Online Forums (iPOF): protocol for a realist evaluation of peer online mental health forums to inform practice and policy. *BMJ open*, 13(7), pp. e075142-075142.

Abstract: INTRODUCTION: Peer online mental health forums are commonly used and offer accessible support. Positive and negative impacts have been reported by forum members and moderators, but it is unclear why these impacts occur, for whom and in which forums. This multiple method realist study explores underlying mechanisms to understand how forums work for different people. The findings will inform codesign of best practice guidance and policy tools to enhance the uptake and effectiveness of peer online mental health forums. METHODS AND ANALYSIS: In workstream 1, we will conduct a realist synthesis, based on existing literature and interviews with approximately 20 stakeholders, to generate initial programme theories about the impacts of forums on members and moderators and mechanisms driving these. Initial theories that are relevant for forum design and implementation will be prioritised for testing in workstream 2. Workstream 2 is a multiple case study design with mixed methods with several online mental health forums differing in contextual features. Quantitative surveys of forum members, qualitative interviews and Corpus-based Discourse Analysis and Natural Language Processing of forum posts will be used to test and refine programme theories. Final programme theories will be developed through novel triangulation of the data. Workstream 3 will run alongside workstreams 1 and 2. Key stakeholders from participating forums, including members and moderators, will be recruited to a Codesign group. They will inform the study design and materials, refine and prioritise theories, and codesign best policy and practice guidance. ETHICS AND DISSEMINATION: Ethical approval was granted by Solihull Research Ethics Committee (IRAS 314029). Findings will be reported in accordance with RAMESES (Realist And MEta-narrative Evidence Syntheses: Evolving Standards) guidelines, published as open access and shared widely, along with codesigned tools. TRIAL REGISTRATION NUMBER: ISRCTN 62469166; the protocol for the realist synthesis in workstream one is prospectively registered at PROSPERO CRD42022352528. **Access or request full text:** <https://libkey.io/10.1136/bmjopen-2023-075142>

Record 4:

Hewitt, O., Langdon, P.E., Tapp, K. And Larkin, M., 2023. A systematic review and narrative synthesis of inclusive health and social care research with people with intellectual disabilities: How are co-researchers involved and what are their experiences? *Journal of applied research in intellectual disabilities: JARID*, 36(4), pp. 681-701.

Abstract: BACKGROUND: Using inclusive research methods with people with intellectual disabilities is increasingly common. A recent consensus statement identified key elements when conducting and reporting inclusive research with people with intellectual disabilities. This review identifies the range of health and social care research topics using inclusive research methodologies, systematically appraises the involvement of researchers with intellectual disabilities, and identifies facilitators and barriers to inclusive research. Researchers' experiences of engaging with inclusive research are synthesised. METHOD: Seventeen empirical studies focused upon inclusive health and social care research were identified. The associated inclusive research methodologies employed, and the stages in which researchers with intellectual disabilities were involved, along with the experiences of researchers with and without intellectual disabilities were synthesised. RESULTS: Papers focused on a broad range of health and social care topics and largely employed qualitative or mixed methods designs. Researchers with intellectual disabilities were frequently involved with data collection, analysis and dissemination. Facilitators of inclusive research comprised sharing power, team working, having sufficient resources and making research methodologies accessible. CONCLUSIONS: Researchers with intellectual disabilities are involved in a wide range of methodologies and research tasks. How the added value of inclusive research is measured and its impact on outcomes, require consideration. **Access or request full text:** <https://libkey.io/10.1111/jar.13100>

Record 5:

Mafuba, K., Kiernan, J., Kudita, C., Chapman, H.M., Kupara, D. And Chester, R., 2023b. Understanding the contribution of intellectual disabilities nurses: Paper 3 of 4 - evaluation. *Journal of intellectual disabilities: JID*, pp. 17446295231196588.

Abstract: The overall objective of this research was to identify intellectual disability nursing interventions and their impact on the health and healthcare of people with intellectual disability. This is part 3 of a 4-part series. In this paper we report the findings from quantitative questions from an online survey of intellectual disability nurses. The objective of this part of the study was to evaluate intellectual disability nurses' confidence in their understanding of the interventions they undertook. Quantitative data was collected using an online survey questionnaire from a voluntary response and snowball sample of 230 participants from 7 countries. Thematic, descriptive statistical, and inferential statistical analyses were undertaken. The evaluation data suggest and demonstrate a lack of clarity among intellectual disability nurses of the interventions they can effectively undertake. There appears to be correlations between lack of role clarity and the types of employer organisations and countries. Further work needs to be undertaken by nurse leaders ascertain and address this lack of clarity.

Access or request full text: <https://libkey.io/10.1177/17446295231196588>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37611566&custid=ns082845>

Record 6:

Richardson, R., Dale, H.E., Robertson, L., Meader, N., Wellby, G., Mcmillan, D. And Churchill, R., 2023. Mental Health First Aid as a tool for improving mental health and well-being. *The Cochrane database of systematic reviews*, 8(8), pp. CD013127.

Abstract: BACKGROUND: The prevalence of mental health problems is high, and they have a wide-ranging and deleterious effect on many sectors in society. As well as the impact on individuals and families, mental health problems in the workplace negatively affect productivity. One of the factors that may exacerbate the impact of mental health problems is a lack of 'mental health literacy' in the general population. This has been defined as 'knowledge and beliefs about mental disorders, which aid their recognition, management, or prevention'. Mental Health First Aid (MHFA) is a brief training programme developed in Australia in 2000; its aim is to improve mental health literacy and teach mental health first aid strategies. The course has been adapted for various contexts, but essentially covers the symptoms of various mental health disorders, along with associated mental health crisis situations. The programmes also teach trainees how to provide immediate help to people experiencing mental health difficulties, as well as how to signpost to professional services. It is theorised that improved knowledge will encourage the trainees to provide support, and encourage people to actively seek help, thereby leading to improvements in mental health. This review focuses on the effects of MHFA on the mental health and mental well-being of individuals and communities in which MHFA training has been provided. We also examine the impact on mental health literacy. This information is essential for decision-makers considering the role of MHFA training in their organisations. OBJECTIVES: To examine mental health and well-being, mental health service usage, and adverse effects of MHFA training on individuals in the communities in which MHFA training is delivered. SEARCH METHODS: We developed a sensitive search strategy to identify randomised controlled trials (RCTs) of MHFA training. This approach used bibliographic databases searching, using a search strategy developed for Ovid MEDLINE (1946 -), and translated across to Ovid Embase (1974 -), Ovid PsycINFO (1967 -), the Cochrane Central Register of Controlled Trials (CENTRAL) and the Cochrane Common Mental Disorders Group's Specialised Register (CCMDCTR). We also searched online clinical trial registries (ClinicalTrials.gov and WHO ICTRP), grey literature and reference lists of included studies, and contacted researchers in the field to identify additional and ongoing studies. Searches are current to 13th June 2023. SELECTION CRITERIA: We included RCTs and cluster-RCTs comparing any type of MHFA-trademarked course to no intervention, active or attention control (such as first aid courses), waiting list control, or alternative mental health literacy interventions. Participants were individuals in the communities in which MHFA training is delivered and MHFA trainees. Primary outcomes included mental health and well-being of individuals, mental health service usage and adverse effects of MHFA training. Secondary outcomes related to individuals, MHFA trainees, and communities or organisations in which MHFA training has been delivered DATA COLLECTION AND ANALYSIS: We used standard Cochrane methods. We analysed categorical outcomes as risk ratios (RRs) and odds ratios (ORs), and continuous outcomes as mean differences (MDs) or standardised mean differences (SMDs), with 95% confidence intervals (CIs). We pooled data using a random-effects model. Two review authors

independently assessed the key results using the Risk of Bias 2 tool and applied the GRADE criteria to assess the certainty of evidence MAIN RESULTS: Twenty-one studies involving a total of 22,604 participants were included in the review. Fifteen studies compared MHFA training with no intervention/waiting list, two studies compared MHFA training with an alternative mental health literacy intervention, and four studies compared MHFA training with an active or an attention control intervention. Our primary time point was between six and 12 months. When MHFA training was compared with no intervention, it may have little to no effect on the mental health of individuals at six to 12 months, but the evidence is very uncertain (OR 0.88, 95% CI 0.61 to 1.28; 3 studies; 3939 participants). We judged all the results that contributed to this outcome as being at high risk of bias. No study measured mental health service usage at six to 12 months. We did not find published data on adverse effects. Only one study with usable data compared MHFA training with an alternative mental health literacy intervention. The study did not measure outcomes in individuals in the community. It also did not measure outcomes at our primary time point of six to 12 months. Four studies with usable data compared MHFA training to an active or attention control. None of the studies measured outcomes at our primary time point of six to 12 months. AUTHORS' CONCLUSIONS: We cannot draw conclusions about the effects of MHFA training on our primary outcomes due to the lack of good quality evidence. This is the case whether it is compared to no intervention, to an alternative mental health literacy intervention, or to an active control. Studies are at high risk of bias and often not sufficiently large to be able to detect differences. **Access or request full text:** <https://libkey.io/10.1002/14651858.CD013127.pub2>

[Record 7:](#)

Viljoen, D., King, E., Harris, S., Hollyman, J., Costello, K., Galvin, E., Stock, M., Schmidt, U., Downs, J., Sekar, M., Newell, C., Clark-Stone, S., Wicksteed, A., Foster, C., Battisti, F., Williams, L., Jones, R., Beglin, S., Anderson, S., Jebarsan, T., Ghuys, V. And Ayton, A., 2023. The alarms should no longer be ignored: survey of the demand, capacity and provision of adult community eating disorder services in England and Scotland before COVID-19. *BJPsych bulletin*, pp. 1-9.

Abstract: AIMS/METHOD: This national pre-pandemic survey compared demand and capacity of adult community eating disorder services (ACEDS) with NHS England (NHSE) commissioning guidance. RESULTS: Thirteen services in England and Scotland responded (covering 10.7 million population). Between 2016-2017 and 2019-2020 mean referral rates increased by 18.8%, from 378 to 449/million population. Only 3.7% of referrals were from child and adolescent eating disorder services (CEDS-CYP), but 46% of patients were aged 18-25 and 54% were aged >25. Most ACEDS had waiting lists and rationed access. Many could not provide full medical monitoring, adapt treatment for comorbidities, offer assertive outreach or provide seamless transitions. For patient volume, the ACEDS workforce budget was 15%, compared with the NHSE workforce calculator recommendations for CEDS-CYP. Parity required £7 million investment/million population for the ACEDS. CLINICAL IMPLICATIONS: This study highlights the severe pressure in ACEDS, which has increased since the COVID-19 pandemic. Substantial investment is required to ensure NHS ACEDS meet national guidance, offer evidence-based treatment, reduce risk and preventable deaths, and achieve parity with CEDS-CYP. **Access or request full text:** <https://libkey.io/10.1192/bjb.2023.57>

[Record 8:](#)

Wong, B.H., Cross, S., Zavaleta-Ramírez, P., Bauda, I., Hoffman, P., Ibeziako, P., Nussbaum, L., Berger, G.E., Hassanian-Moghaddam, H., Kapornai, K., Mehdi, T., Tolmac, J., Barrett, E., Romaniuk, L., Davico, C., Moghraby, O.S., Ostrauskaite, G., Chakrabarti, S., Carucci, S., Sofi, G., Hussain, H., Lloyd, A.S.K., McNicholas, F., Meadowcroft, B., Rao, M., Csábi, G., Gatica-Bahamonde, G., Öğütü, H., Skouta, E., Elvins, R., Boege, I., Dahanayake, D.M.A., Anderluh, M., Chandradasa, M., Girela-Serrano, B.M., Uccella, S., Stevanovic, D., Lamberti, M., Piercey, A., Nagy, P., Mehta, V.S., Rohanachandra, Y., Li, J., Tufan, A.E., Mirza, H., Rozali, F., Baig, B.J., Noor, I.M., Fujita, S., Gholami, N., Hangül, Z., Vasileva, A., Salucci, K., Bilaç, Ö, Yektaş, Ç, Cansiz, M.A., Aksu, G.G., Babatunde, S., Youssef, F., Al-Huseini, S., Kiliçaslan, F., Kutuk, M.O., Pilecka, I., Bakolis, I.

And Ougrin, D., 2023. Self-Harm in Children and Adolescents Who Presented at Emergency Units During the COVID-19 Pandemic: An International Retrospective Cohort Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 62(9), pp. 998-1009.

Abstract: OBJECTIVE: To compare psychiatric emergencies and self-harm at emergency departments (EDs) 1 year into the pandemic, to early pandemic and pre-pandemic, and to examine the changes in the characteristics of self-harm presentations. METHOD: This retrospective cohort study expanded on the Pandemic-Related Emergency Psychiatric Presentations (PREP-kids) study. Routine record data in March to April of 2019 2020, and 2021 from 62 EDs in 25 countries were included. ED presentations made by children and adolescents for any mental health reasons were analyzed. RESULTS: Altogether, 8,174 psychiatric presentations were recorded (63.5% female; mean [SD] age, 14.3 [2.6] years), 3,742 of which were self-harm presentations. Rate of psychiatric ED presentations in March to April 2021 was twice as high as in March to April 2020 (incidence rate ratio [IRR], 1.93; 95% CI, 1.60-2.33), and 50% higher than in March to April 2019 (IRR, 1.51; 95% CI, 1.25-1.81). Rate of self-harm presentations doubled between March to April 2020 and March to April 2021 (IRR, 1.98; 95% CI, 1.68-2.34), and was overall 1.7 times higher than in March to April 2019 (IRR, 1.70; 95% CI, 1.44-2.00). Comparing self-harm characteristics in March to April 2021 with March to April 2019, self-harm contributed to a higher proportion of all psychiatric presentations (odds ratio [OR], 1.30; 95% CI, 1.05-1.62), whereas female representation in self-harm presentations doubled (OR, 1.98; 95% CI, 1.45-2.72) and follow-up appointments were offered 4 times as often (OR, 4.46; 95% CI, 2.32-8.58). CONCLUSION: Increased paediatric ED visits for both self-harm and psychiatric reasons were observed, suggesting potential deterioration in child mental health. Self-harm in girls possibly increased and needs to be prioritized. Clinical services should continue using follow-up appointments to support discharge from EDs. DIVERSITY & INCLUSION STATEMENT: One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented racial and/or ethnic groups in science. We actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our author group. While citing references scientifically relevant for this work, we also actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our reference list. The author list of this paper includes contributors from the location and/or community where the research was conducted who participated in the data collection, design, analysis, and/or interpretation of the work. **Access or request full text:** <https://libkey.io/10.1016/j.jaac.2022.11.016>

Record 9:

Blockside, H., Willis, L. And Codd, J., 2023. Conducting video therapy with adults with an intellectual disability: A qualitative study of qualified and trainee psychologists' experiences. *British Journal of Learning Disabilities*, 51(3), pp. 389-399.

Abstract: Background: Online therapy is becoming increasingly popular as well as necessary. There is little research regarding the experience of psychologists delivering online therapy to individuals with an intellectual disability. Method: The study used online semi structured interviews and interpretive phenomenological analysis to explore the experiences of five psychologists delivering online therapy to individuals with an intellectual disability. Findings: Four superordinate themes were generated from the data: Environment: "You can't control the environment"; Person centred: "I do not think it's one size fits all"; Rapport: "slightly trickier to build"; and Clinician ability and experience: "it was a bit of a learning process". Psychologists spoke of prior negative beliefs and a range of challenges to video therapy. Their discomfort with using this technology was noted; however, a motivation to continue offering therapy to clients outweighed this. All participants concluded with benefits to using video therapy, notably increased accessibility. Conclusion: A hybrid model including face-to-face and online therapy appears preferable for future ways of working. Training is recommended for professionals and individuals supporting clients, and an assessment tool for the suitability of online therapy. Further research exploring online therapy experiences of people with intellectual disabilities is required. Accessible summary: During COVID-19, face-to-face therapy was not allowed in England. Psychologists were asked to give therapy on video calls. We wanted to find out what this is like for psychologists working with people who have learning disabilities. We asked five psychologists about their experience in providing video therapy. Psychologists

described some things they found hard: It was hard to control the environment online. It was hard to make changes to therapy for people with learning disabilities. It was sometimes hard to communicate. It was hard to build relationships online. Psychologists did not have experience doing video therapy. They were not confident. Some ideas that could help: Training for psychologists and carers or families, an assessment tool to check if someone can do video therapy, and giving information about video therapy to people with learning disabilities All psychologists said there were good things about online therapy. They would like to keep using it. ABSTRACT FROM AUTHOR]; Copyright of British Journal of Learning Disabilities is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.) **Access or request full text:** <https://libkey.io/10.1111/bld.12496>
URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=pbh&AN=169783196&custid=ns082845>

Record 10:

Bax, O.K., Chartonas, D., Parker, J., Symniakou, S. And Lee, T., 2023. Personality disorder. *BMJ (Clinical research ed.)*, 382, pp. e050290-050290.

Abstract: Personality disorders are a set of complex emotional difficulties. They are common, often unrecognised, and are associated with mental and physical health comorbidities and reduced life expectancy. Personality disorders are perceived as stigmatising diagnoses. Alternative terms have been proposed. New classification systems help in moving away from rigid use of categorical diagnoses. Assessment and management in primary care require a non-judgmental approach that builds trust through attentiveness, validation, openness, and consistency. Holistic care for people with personality disorders can be improved with reflective practice structures, staff training, collaboration, and team working. **Access or request full text:** <https://libkey.io/10.1136/bmj-2019-050290>

Record 11:

Mitchell, A. (ed). Hill, B. (ed) Peate, I. (ed). *Long-term conditions in adults*. 2023. Wiley-Blackwell.

Abstract: Long-term Conditions in Adults at a Glance The market-leading at a Glance series is popular among healthcare students and newly qualified practitioners, for its concise, simple approach and excellent illustrations. Each bite-sized chapter is covered in a double-page spread with clear, easy-to-follow diagrams, supported by succinct explanatory text. Covering a wide range of topics, books in the at a Glance series are ideal as introductory texts for teaching, learning and revision, and are useful throughout university and beyond. Everything you need to know about Long-term Conditions in Adults... at a Glance! The go-to textbook for the treatment and management of long-term conditions in adults In Long-term Conditions in Adults at a Glance, a team of distinguished health and social care professionals deliver concise and engaging contemporary knowledge about health and associated disorders. The textbook's format, which includes visually appealing figures and tables, is particularly beneficial for those who prefer a visual approach to understanding complex concepts. Readers will also find: A thorough introduction to the sociological factors associated with long-term conditions, including environmental, housing, and lifestyle factors Comprehensive explorations of patient education and self-management, including behaviour change, health education, and patient responsibility Practical discussions of a variety of long-term conditions, including arthritis, cancer, liver disease, and epilepsy Evaluations of the treatments and management of long-term conditions, including the use of evidence-based practice and chronic pain management Perfect for student nurses, trainee nursing associates and busy healthcare practitioners, Long-term Conditions in Adults at a Glance will also be of value to registered health and care professionals working in acute and primary care.

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cat08621a&AN=hee.1.107124&site=eds-live&custid=ns082845>

Record 12:

Chessell, C., Halldorsson, B., Walters, S., Farrington, A., Harvey, K. And Creswell, C., 2023. Therapist guided, parent-led cognitive behavioural therapy (CBT) for pre-adolescent children with obsessive compulsive disorder (OCD): a non-concurrent multiple baseline case series. *Behavioural and cognitive psychotherapy*, pp. 1-19.

Abstract: BACKGROUND: Cognitive behavioural therapy (CBT) including exposure and response prevention (ERP) is an effective treatment for preadolescent children with obsessive compulsive disorder (OCD); however, there is a need to increase access to this treatment for affected children. AIMS: This study is a preliminary evaluation of the efficacy and acceptability of a brief therapist-guided, parent-led CBT intervention for pre-adolescent children (5-12 years old) with OCD using a non-concurrent multiple baseline approach. METHOD: Parents of 10 children with OCD were randomly allocated to no-treatment baselines of 3, 4 or 5 weeks before receiving six to eight individual treatment sessions with a Psychological Wellbeing Practitioner. Diagnostic measures were completed prior to the baseline, 1-week post-treatment, and at a 1-month follow-up, and parents completed weekly measures of children's OCD symptoms/impairment. RESULTS: Seventy percent of children were 'responders' and/or 'remitters' on diagnostic measures at post-treatment, and 60% at the 1-month follow-up. At least 50% of children showed reliable improvements on parent-reported OCD symptoms/impairment from pre- to post-treatment, and from pre-treatment to 1-month follow-up. Crucially, the intervention was acceptable to parents. CONCLUSIONS: Brief therapist-guided, parent-led CBT has the potential to be an effective, acceptable and accessible first-line treatment for pre-adolescent children with OCD, subject to the findings of further evaluations. **Access or request full text:** <https://libkey.io/10.1017/S1352465823000450>

Record 13:

Johnsen, L., Bird, J.C., Salkovskis, P., James, A.C., Stratford, H.J. And Sheaves, B., 2023. Sleep disruption in adolescent inpatients: prevalence, associations with clinical outcomes, and clinician perspectives. *Journal of sleep research*, pp. e14056.

Abstract: Sleep problems are common for adolescents with psychiatric disorders, and sleep treatment may aid mental health recovery. Inpatient admissions are likely a particularly challenging time for sleep. Despite this little is known about the nature of sleep problems, and how sleep treatments could be optimised for this setting. This mixed-methods study set out to better understand sleep disturbances in adolescent inpatients. Study 1 examined the prevalence of Sleep Condition Indicator-assessed insomnia at admission and associations with psychiatric symptoms and admission length in 100 inpatients (aged 11-17 years) on one unit in Oxford. Data were gathered from admission routine measures and medical records. Associations were analysed using linear regressions. Half of the inpatients (n = 50) screened positive for insomnia at admission. Moderate-large significant associations were observed between more severe insomnia and more severe depression ($\beta = -0.56$), anxiety ($\beta = -0.51$), self-harm ($\beta = -0.49$), psychotic experiences ($\beta = -0.32$), and conduct problems ($\beta = -0.30$), but not admission length. Study 2 gained 12 clinicians' perspectives on sleep problems on the unit via a focus group and semi-structured interviews, analysed using thematic analysis. Ward staff observed insomnia and excessive daytime sleepiness in adolescent inpatients and a reciprocal relationship with mental health symptoms. Ward processes were barriers (e.g., night-time observations) and facilitators (e.g., regular routines) of sleep. Cognitive behavioural therapy for insomnia was not routinely offered but viewed as potentially helpful. Insomnia may be a common problem for adolescent inpatients, associated with greater psychopathology, but not admission length. The possible benefits of psychological sleep interventions for adolescents admitted to psychiatric units now require testing. **Access or request full text:** <https://libkey.io/10.1111/jsr.14056>

[Record 14:](#)

Thew, G.R., Popa, A., Allsop, C., Crozier, E., Landsberg, J. And Sadler, S., 2023. The addition of employment support alongside psychological therapy enhances the chance of recovery for clients most at risk of poor clinical outcomes. *Behavioural and cognitive psychotherapy*, pp. 1-7.

Abstract: BACKGROUND: Many people achieve positive outcomes from psychological therapies for anxiety and depression. However, not everyone benefits, and some may require additional support. Previous studies have examined the demographic and clinical characteristics of people starting treatment and identified a patient profile that is associated with poor clinical outcomes. AIMS: To examine whether the addition of employment-related support alongside psychological therapy was associated with a greater chance of recovery for clients belonging to this patient profile. METHOD: We analysed 302 clients across three services, who were offered employment-related support alongside psychological therapy. The rate of clinical recovery (falling below clinical thresholds on measures of both anxiety and depression) was compared between individuals who accepted the offer and those who declined, while adjusting for potential confounders. RESULTS: Logistic regression showed that receiving employment support was significantly associated with clinical recovery after controlling for baseline anxiety and depression scores, the number of psychological treatment sessions, and other clinical and demographic variables. The odds of recovery were 2.54 times greater if clients received employment support; 47% of clients who received employment support alongside psychological therapy were classified as recovered, compared with 27% of those receiving psychological therapy only. CONCLUSIONS: Providing employment support alongside therapy may be particularly helpful for clients belonging to this patient profile, who represent approximately 10% of referrals to NHS Talking Therapies for Anxiety and Depression services. Services could consider how to increase the provision and uptake of employment-focused support to enhance clients' clinical outcomes. **Access or request full text:** <https://libkey.io/10.1017/S1352465823000474>

[Record 15:](#)

Tiffin, P.A. And Northover, G., 2023. Debate: Better use of existing services, not more new pathways, is required for psychosis prevention in young people - Commentary on Salazar de Pablo and Arango: 'Prevention of psychosis in adolescents: does CAMHS have a role?'. *Child and adolescent mental health*, 28(4), pp. 553-555.

Abstract: BACKGROUND: There has been much academic interest in 'the clinical high-risk state for psychosis' (CHR-P) concept. Whilst early intervention in psychosis (EIP) services have offered input to individuals meeting the CHR-P criteria the involvement of CAMHS clinicians in supporting young people with ideational and perceptual disturbance has been more inconsistent and uncertain. METHOD: We bring together our relevant lived experience, empirical evidence and clinical and research expertise to write this commentary. RESULTS: We assert that the CHR-P paradigm needs to be revised. This should reflect the low transition rates to psychosis and the prevalent general, impairing psychopathology in individuals meeting these criteria. Nevertheless, it is clear that both CAMHS and EIP services have potential roles in meeting the needs of young people affected by distressing ideational and perceptual disturbance. CONCLUSIONS: We suggest that new care pathways and services are not required for young people affected by distressing psychosis-like experiences. Rather more effective joint working between CAMHS, EIP, crisis services and other agencies could meet the needs of these young people more comprehensively. **Access or request full text:** <https://libkey.io/10.1111/camh.12676>

[Record 16:](#)

Mafuba, K., Kiernan, J., Chapman, H.M., Kupara, D., Kudita, C. And Chester, R., 2023a. Understanding the contribution of intellectual disability nurses. Paper 2 of 4 - Survey. *Journal of intellectual disabilities: JOID*, pp. 17446295231213434.

Abstract: The objective was to identify ID nursing interventions and their impact on the health and healthcare of people with IDs. Data was collected using an online survey questionnaire from a voluntary response and

snowball sample of 230 participants. Thematic, descriptive statistical, and inferential statistical analyses were undertaken. We identified 878 interventions that could be undertaken by ID nurses from 7 countries. We categorised the interventions into five themes: effectuating nursing procedures, enhancing impact of ID services, enhancing impact of mainstream services, enhancing quality of life, and enhancing ID nursing practice. Findings demonstrate that ID nurses play important roles in improving the health and healthcare experiences of people with IDs.; Competing Interests: Declaration of conflicting interests - The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. **Access or request full text:** <https://libkey.io/10.1177/17446295231213434>
URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=37956695&custid=ns082845>

Record 17:

Hewitt, O., Codd, J., Maguire, K., Balendra, M. And Tariq, S., 2023. A mixed methods evaluation of a compassion-focused therapy group intervention for people with an intellectual disability. *British Journal of Learning Disabilities*, 51(4), pp. 522-533.

Abstract: Background: This study investigated the use of a Compassion-Focused Therapy (CFT) group as a psychological intervention for a group of adults with an intellectual disability with a range of psychological issues. Method: Four clients attended the group, which was facilitated by three trainee Clinical Psychologists. The group consisted of 8 weekly sessions. Findings: Standardised outcome measures showed an increase in psychological well-being and self-compassion for all participants postintervention. Two participants showed an increase in psychological distress, while two participants reported decreases in this area. Scores on measures of self-criticism fell for two participants, increased for one participant and showed no change for one participant. Qualitative interviews were conducted with post group with all group members (clients and facilitators). Thematic analysis identified two superordinate themes relating to the accessibility of the group content, and interpersonal aspects of the group. Conclusion: The results suggest that clients enjoyed and benefitted from the group. Challenges, such as lack of carer involvement, were identified, and recommendations for future CFT groups are made. Accessible Summary: Some people who find it hard to be kind to themselves can be helped by a therapy called Compassion-Focused Therapy (CFT). Some studies show that CFT might help people with an intellectual disability. We ran a group to see if CFT helped people with intellectual disabilities to feel better and think kinder thoughts about themselves. We asked people what they thought about the group. We asked them to fill in some questionnaires to see if they felt better. The group seemed to help people. People with intellectual disabilities and people running the group enjoyed going to it. CFT might be a useful treatment for people with intellectual disabilities. ABSTRACT FROM AUTHOR]; Copyright of British Journal of Learning Disabilities is the property of Wiley-Blackwell, and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.) **Access or request full text:** <https://libkey.io/10.1111/bld.12528>
URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=pbh&AN=173368796&custid=ns082845>

Record 18:

Mafuba, K., Chapman, H.M., Forster, M., Chester, R., Kiernan, J., Kupara, D. And Kudita, C., 2023. Understanding the contribution of intellectual disabilities nurses. Paper 1 of 4 -Scoping literature review. *Journal of intellectual disabilities: JOID*, pp. 17446295231220432.

Abstract: The objective of this scoping review was to summarise evidence on the contribution of intellectual disabilities nurses to improve the health and well-being of children, adults and older people with intellectual

disability, now and for the future. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (for Scoping Reviews) (PRISMA-ScR) process and Joanna Briggs Institute (JBI) guidance was used. We included 54 publications. We identified 154 interventions undertaken by intellectual disability nurses. We categorised the intellectual disability nursing interventions into three themes: effectuating nursing procedures, enhancing impact of services, and enhancing quality of life. Findings point to high quality research being essential in determining the impact and effectiveness of intellectual disability nursing interventions across the lifespan. We recommend that a searchable online compendium of intellectual disability nurse interventions be established and regularly updated. This will provide opportunities to engage more effectively in evidence-based practice. **Access or request full text:** <https://libkey.io/10.1177/17446295231220432>

Record 19:

Sayal, K., Partlett, C., Bhardwaj, A., Dubicka, B., Marshall, T., Gledhill, J., Ewart, C., James, M., Lang, A., Sprange, K. And Montgomery, A., 2023. Mental health in clinically referred children and young people before and during the Covid-19 pandemic. *European child & adolescent psychiatry*, 32(12), pp. 2657-2666.

Abstract: The Covid-19 pandemic and mitigation approaches, including lockdowns and school closures, are thought to have negatively impacted children and young people's (CYP) mental health. However, the impact for clinically referred CYP is less clear. We investigated differences in the mental health of CYP referred to specialist Child and Adolescent Mental Health Services (CAMHS) before and since the onset of the pandemic. Using baseline data (self- and parent- completed Mood and Feelings Questionnaire and Strengths and Difficulties Questionnaire) from an ongoing RCT (STADIA; ISRCTN: 15748675) in England involving 5-17-year-olds with emotional difficulties recently referred to CAMHS (non-urgent referrals), with repeated cross-sectional comparisons of CYP (n = 1028) recruited during 5 different time periods: (1) Before schools were closed (Group 1 (pre-pandemic); n = 308; 27.08.2019-20.03.2020). (2) Early pandemic period until schools fully re-opened, which included the first national lockdown, its easing and the summer holidays (Group 2 (in-pandemic); n = 183; 21.03.2020-31.08.2020). (3) The following school-term-schools fully re-opened and remained open, including during the second national lockdown (Group 3 (in-pandemic); n = 204; 01.09.2020-18.12.2020). (4) Schools closed as part of the third national lockdown (Group 4 (in-pandemic); n = 101; 05.01.2021-07.03.2021). (5) Schools re-opened and remained open, until the school summer holidays (Group 5 (in-pandemic); n = 232; 08.03.2021-16.07.2021). Most CYP scored above cutoff for emotional problems and depression, with three-quarters meeting criteria for a probable disorder ('caseness'). The groups did not differ on parent-rated mental health measures. However, self-rated emotional problems, depression, functional impairment and caseness appeared to be higher amongst participants recruited in the two periods following school re-openings. In particular, functional impairment and caseness were greater in Group 5 compared with Group 2. Although symptom severity or impairment did not change in the initial pandemic period, self-reported difficulties were greater during the periods after schools re-opened. This suggests possible greater stresses in the adjustment to re-starting school following recurrent lockdowns and school closures. **Access or request full text:** <https://libkey.io/10.1007/s00787-022-02115-2>

Record 20:

Sonigra, K.R., Mclvor, L., Payne-Gill, J., Smith, T. And Beck, A., 2023. A preliminary evaluation of Crisis Plus: a model for working with frequent users of psychiatric crisis and inpatient services. *Mental Health Review Journal*, 28(4), pp. 350-361.

Abstract: Purpose There is a proportion of psychiatric service users whose needs are not met by existing models of care. This can lead to a reliance on acute and crisis services. These service users may be considered high intensity users (HIUs). The purpose of this research is to evaluate the Crisis Plus model, an intervention designed to better support HIUs in the community and reduce dependency on acute and crisis services. Design/methodology/approach Forty-seven HIUs were involved in Crisis Plus. The core intervention of Crisis Plus was an Anticipatory Management Plan (AMP), produced in collaboration with service users, their families

and their care coordinators. AMPs were shared with relevant services and attached to electronic patient notes to ensure a uniform, psychologically informed approach to care. Findings HIU service use was compared pre and post-AMP. On average, number of inpatient admissions, number of days spent on the ward, accepted psychiatric liaison referrals and accepted home treatment team (HTT) referrals decreased significantly. Practical implications Crisis Plus has taken a collaborative, proactive approach to engage HIUs, their families and the services that care for them. Crisis interventions that emphasise collaborative working and service user agency are key. Originality/value the provision of dedicated psychological support to HIUs and their professional and personal network is crucial to reduce reliance on acute and crisis care. Crisis Plus is unique in that it instigates co-production and active consultation with HIUs and services to improve clinical outcomes, in addition to reducing NHS expenditure. **Access or request full text:** <https://libkey.io/10.1108/MHRJ-05-2022-0031>
URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsemr&AN=edsemr.10.1108.MHRJ.05.2022.0031&site=eds-live&custid=ns082845>

Record 21:

Charlesworth, J.E.G., Ghosn, O., Hussain, N., Mahmoud, R., Goncalves, V. And Godbole, M., 2023. A case report of an unusual presentation of a patient with recurrent idiopathic catatonia. *Psychiatry Research Case Reports*, 2(1).

Abstract: Background: Catatonia-like presentations can be precipitated by multiple organic and medication-related causes. Psychiatric causes of catatonia are typically associated with underlying psychotic or mood disorders. Recurrent catatonia without other precipitating psychiatric diagnosis is rarely described. Methods: We present the case of a man in his early 30's with idiopathic recurrent catatonia, presented with patient consent. Results: Our case presented in a catatonic state, having recently stopped using cannabis. No organic cause for his presentation was identified following extensive investigation and he was admitted for psychiatric assessment. During admission he slowly improved with benzodiazepine and electroconvulsive therapy (ECT) treatment, alongside psychological support. Despite near complete recovery, he significantly relapsed on 2 occasions requiring psychiatric re-admission over the subsequent 6 months. Thereafter, he had multiple relapsing episodes with decreasing severity during rehabilitative care. During admission we explored extensive differentials including mood disorders, schizophrenia or psychosis, drug abuse or poisoning, as underlying triggers for his catatonia. He had a finding of FIRDA (frontal intermittent rhythmic delta activity) on his second electroencephalogram (EEG), with no clinical correlate of seizure or structural abnormality. We found no evidence of any underlying psychiatric or organic cause for his presentation. Conclusions: In contrast to classical descriptions of catatonia or recurrent catatonia, our case highlights the need for greater recognition of isolated idiopathic catatonia, as a diagnosis independent of mood disorder or schizophrenia. Furthermore, we evidence effective recovery with psychological support, benzodiazepines and ECT.

Access or request full text: <https://libkey.io/10.1016/j.psycr.2023.100111>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edselp&AN=S2773021223000093&site=eds-live&custid=ns082845>

Record 22:

Khalafbeigi, M., Yazdani, F., Genis, F., Hess, K.Y. And Kirve, S., 2023. Invisibility and diagnosis stigma: disabling factors for female adults with myalgia encephalomyelitis (ME)/chronic fatigue syndrome (CFS) in a small-scale qualitative study in England. *Irish Journal of Occupational Therapy*, 51(2), pp. 52-59.

Abstract: Purpose Female adults diagnosed with myalgia encephalomyelitis (ME) and chronic fatigue syndrome (CFS) often are marginalised because their condition is not fully recognised by medical and health-care systems. The purpose of this small-scale study was to explore the lived experiences of adult females with ME/CFS in England in relation to contributing factors that impact their occupational participation. Design/methodology/approach A qualitative study design using semi-structured interviews was used with nine female adult participants who were selected using a purposive sampling method. A Thematic Networks tool was used to analyse data. Findings Four organising themes were identified: impairment-, person-, environment- and

society-related factors. Two global themes, invisibility and diagnosis stigma, were identified as the overarching issues that female adults with ME/CFS face in occupational participation. Originality/value Many of the issues that contribute to lack of participation by this population are associated with environmental factors which are secondary to their illness.

Access or request full text: <https://libkey.io/10.1108/IJOT-08-2022-0032>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsemr&AN=edsemr.10.1108.IJOT.08.2022.0032&site=eds-live&custid=ns082845>

Record 23:

Kuratomi, K., Johnsen, L., Kitagami, S., Hatano, A. And Murayama, K., 2023. People underestimate their capability to motivate themselves without performance-based extrinsic incentives. *Motivation & Emotion*, 47(4), pp. 509-523.

Abstract: Research has shown that we are endowed with a remarkable capacity to motivate ourselves in the absence of extrinsic incentives (i.e. intrinsic motivation). However, little research has been conducted to investigate whether we accurately appreciate the power of intrinsic motivation. The current research aimed to examine the metacognitive accuracy of the extent to which people can motivate themselves without performance-based extrinsic incentives. Participants were presented with a relatively long and repetitive task without extrinsic incentives, and before doing the task, they were asked to predict their motivation on completion of the task. Across seven experiments using a variety of tasks with different populations from different countries, participants were consistently engaged in the task more actively than they predicted. When participants were provided with performance-based monetary rewards, however, this bias was diminished. These results indicate that we tend to underappreciate our capability to sustain our motivation without extrinsic incentives.

Access or request full text: <https://libkey.io/10.1007/s11031-022-09996-5>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=asx&AN=164783063&site=eds-live&custid=ns082845>

Record 24:

Mafuba, K., Chapman, H.M., Chester, R., Kiernan, J., Kudita, C. and Kupara, D., 2024. Understanding the contribution of intellectual disabilities nurses. Paper 4 of 4 - Impacts of intellectual disability nursing interventions. *Journal of intellectual disabilities*, pp. 17446295241228044.

Abstract: Internationally, there is a wide variety of roles and expectations for intellectual disabilities nurses, and the range of nursing interventions they undertake in this field has not been clearly identified. In this paper we report the impacts of intellectual nursing interventions from an online survey of intellectual disability nurses. An online survey, using voluntary response sampling was used to collect case study examples from 230 participants from seven countries. We identified 13 themes of the impacts, and 23 broad groups of case examples of intellectual disability nursing interventions with, pregnant women, children, adults, older adults, and people at the end of life. Awareness of the roles of intellectual disability nurses and their importance in addressing health inequalities and facilitating the use of mainstream services for people with intellectual disabilities will enable improved healthcare experience and healthcare outcomes for people with intellectual disabilities. **Access or request full text:** <https://libkey.io/10.1177/17446295241228044>

URL: <https://www.ncbi.nlm.nih.gov/pubmed/38238888>

Record 25:

Michalopoulou, M., Jebb, S.A., Mackillop, L.H., Dyson, P., Hirst, J.E., Zhu, S., Wire, A. and Astbury, N.M., 2024. REduced-Carbohydrate intervention for managing Obesity and Reduction of gestational Diabetes (RECORD): A randomized controlled feasibility trial. *Diabetes, obesity & metabolism*.

Abstract: To test the feasibility and acceptability of a reduced-carbohydrate dietary program, intended to reduce the risk of gestational diabetes. Fifty-one pregnant women at <20 weeks' gestation, with body mass index ≥ 30 kg/m, and a normal baseline oral glucose tolerance test (OGTT), were randomized 2:1 to an intervention or control group and followed-up until delivery. The dietary intervention aimed at providing 130-150 g carbohydrate/day. Feasibility outcomes assessed at 24-28 weeks' gestation, included adoption of the reduced-carbohydrate diet by the intervention group, and retention of all participants, assessed by completion of a second OGTT. Changes in glycemia, weight gain and dietary intake, and the maternal and neonatal outcomes were also assessed. Participants were interviewed about their experience of the intervention and the study. Forty-nine of 51 participants attended the follow-up OGTT, a retention rate of 96% (95% confidence interval [CI] 86.8%-98.9%). In the intervention group, carbohydrate intake at follow-up was 190.4 (95% CI 162.5-215.6) g/day, a reduction of -24.6 (95% CI -51.5-2.4) g/day from baseline. Potentially favourable effects of the intervention on glucose control, weight gain and blood pressure were observed, but the study was not powered to detect significant differences in these. Participants found the intervention acceptable, and were content with the study processes, but some reported barriers to sustained adherence, mainly pertaining to competing priorities. Retention was high, suggesting the study processes are feasible, but the carbohydrate reduction in the intervention group was small, and did not meet progression criteria, limiting the likelihood of achieving the desired goal to prevent gestational diabetes.

ISRCTN16235884. **Access or request full text:** <https://libkey.io/10.1111/dom.15442>

URL: <https://www.ncbi.nlm.nih.gov/pubmed/38229418>

Record 26:

Rowland, E. and Trueman, H., 2024. Improving healthcare student experience of clinical placements. *BMJ open quality*, 13(1), pp. e002504.

Abstract: There is an expanding workforce gap in the NHS. Alongside national programmes to train, recruit and retain staff, efforts are needed on a local level. Clinical placements can make up to a third of healthcare student's time while at university thus placement experience is an important factor to reducing attrition rates at universities and increase conversion rates from student to qualified professional. This quality improvement project aimed to increase reported rates of students' satisfaction to 100% for each item of the student experience survey by March 2024 within Berkshire Healthcare National Health Service (NHS) Foundation Trust. To gain a deeper understanding of the experience and problems within healthcare student clinical placements interviews of students and staff were conducted alongside a literature review, which revealed six key themes around student placement experience: belonging and acceptance, familiarity and continuity, confidence and competence, preparation and preparedness, supervision and support, feeling overwhelmed/stress/impact on social and emotional health. These themes were translated into a student experience survey to achieve baseline and subsequent measurements. Changes were introduced to improve student satisfaction with clinical placements based on the baseline data of student satisfaction reported in the first student experience survey. Changes included introducing student inductions, better access to IT, student induction packs and newsletters. While the quantitative measurements of the items on the student experience survey remained positive, the nature of the qualitative feedback reflected the impact of the changes. Additionally, the improved communication and collaboration across teams because of the process highlighted the need for clear streamlined administrative processes. Regular review of student feedback has enabled timely feedback processes to placements and visible follow-up for students, highlighting the investment in them as the future workforce. **Access or request full text:** <https://libkey.io/10.1136/bmjoc-2023-002504>

URL: <http://dx.doi.org/10.1136/bmjoc-2023-002504>

Record 27:

Thaventhiran, T., Wong, B.H., Pilecka, I., Masood, S., Atanda, O., Clacey, J., Tolmac, J., Wehncke, L., Romaniuk, L., Heslin, M., Tassie, E., Chu, P., Bevan-Jones, R., Woolhouse, R., Mahdi, T., Dobler, V.B., Wait, M., Reavey, P., Landau, S., Byford, S., Zundel, T. and Ougrin, D., 2024. Evaluation of intensive community care services for

young people with psychiatric emergencies: study protocol for a multi-centre parallel-group, single-blinded randomized controlled trial with an internal pilot phase. *Current controlled trials in cardiovascular medicine*, 25(1), pp. 141.

Abstract: Over 3000 young people under the age of 18 are admitted to Tier 4 Child and Adolescent Mental Health Services (CAMHS) inpatient units across the UK each year. The average length of hospital stay for young people across all psychiatric units in the UK is 120 days. Research is needed to identify the most effective and efficient ways to care for young people (YP) with psychiatric emergencies. This study aims to evaluate the clinical effectiveness and cost-effectiveness of intensive community care service (ICCS) compared to treatment as usual (TAU) for young people with psychiatric emergencies. This is a multicentre two-arm randomized controlled trial (RCT) with an internal pilot phase. Young people aged 12 to < 18 considered for admission at participating NHS organizations across the UK will be randomized 1:1 to either TAU or ICCS. The primary outcome is the time to return to or start education, employment, or training (EET) at 6 months post-randomization. Secondary outcomes will include evaluations of mental health and overall well-being and patient satisfaction. Service use and costs and cost-effectiveness will also be explored. Intention-to-treat analysis will be adopted. The trial is expected to be completed within 42 months, with an internal pilot phase in the first 12 months to assess the recruitment feasibility. A process evaluation using visual semi-structured interviews will be conducted with 42 young people and 42 healthcare workers. This trial is the first well-powered randomized controlled trial evaluating the clinical and cost-effectiveness of ICCS compared to TAU for young people with psychiatric emergencies in Great Britain.

ISRCTN ISRCTN42999542, Registration on April 29, 2020. **Access or request full**

text: <https://libkey.io/10.1186/s13063-024-07974-5> **URL:** <https://www.ncbi.nlm.nih.gov/pubmed/38389089>

Record 28:

Wise, K., 2024. You can go your own way: Conducting a signage audit in a health library. *Health information and libraries journal*.

Abstract: **BACKGROUND:** The Library and Knowledge Services at the Royal Berkshire NHS Foundation Trust has been at its current location since 1975 and, in September 2020, it was deemed necessary to examine the library environment and assess the signage. **OBJECTIVES:** The main objective was to conduct a methodical assessment of all the current library signage in order to improve the library environment, wayfinding, and clarity. **METHODS:** A methodical signage audit was conducted by library staff, photographing signs, assigning them to categories, and creating a signage map. **RESULTS:** In total, 58 different signs were counted in the library. Of these, 22 signs were deemed satisfactory, 4 should be moved to a more appropriate location, 15 should be updated with a branded design and better messaging, and 17 were recommended for removal. **DISCUSSION:** The results demonstrated that there were three main areas where signage could be improved: reducing the quantity of signs, updating the language and design, and the use of ad hoc signage. **CONCLUSION:** By assessing the signs and assigning categories and types, areas were identified as problem points that were impacting the library user's experience and small changes were implemented to improve the library environment. **Access or request full text:** <https://libkey.io/10.1111/hir.12525>

Appendix 3 – Evidence Searches conducted in FY 2023/24

Evidence Searches conducted in 2023-24.

126 evidence searches conducted in the FY 2023-24.

Most searches were conducted for the purpose of clinical decision-making including patient care (table 1). Search purposes are categorised by their primary purpose, although some searches have multiple purposes. Requests were spread evenly across staff groups with the majority coming from administrative and clerical (table 2).

Table 1: Primary purpose (NHS England criteria)

Clinical decision making (inc. patient care)	51
Research / education / prof. development	37
Knowledge management / management decision making	33
Patient info: health & wellbeing	4
Other	1

Table 2: Staff groups requesting searches.

Additional clinical services	22
Additional Professional, Scientific and Technical	15
Administrative and clerical	35
Allied health professionals	21
Local authority (including Public Health – clinical and non-clinical)	3
Medical and dental	16
Nursing and midwifery	14

Search topics:

Clinical decision making (inc. patient care)

- Do Community Treatment Orders improve clinical outcomes and reduce hospitalization (admissions) in patients with serious mental health illnesses?
- CBD oil side effects, CBD oil and gastrointestinal impact/issues/symptoms, CBD oil and vitamin/mineral absorption, CBD oil and iron absorption/status/effects on.
- When should the care of a chronic patient with eating disorder stop being enforced?
- What clinical interventions are being delivered by occupational therapists for adults with psychosis? Occupational Therapy in psychosis; sensory psychosis, sensory emotional regulation, sensory schizophrenia.
- Child sex abuse in families and birth order, i.e. why usually only one child is the target and usually the eldest daughter. Recovery experiences of women who were sexually abused by their fathers.
- Can Dantrolene be use in contracture management in adults (more specifically hand contractures)? Is there any evidence to suggest the efficacy of Dantrolene in reducing pain and improving function in adults experiencing hand contractures?
- Studies or audits on urine drug screening for hospital patients.
- Treatment and causes of gut dystonia; dietary advice for gut dystonia; gut dystonia and enteral feeding.
- Looking at the evidence to support the use of orthotics/neck braces/neck collars to treat neck contractures.
- Cardio walls - gamification and motivation and or cardiovascular activity and inpatient wards.

- Experiences of using reusable therapy bands to prevent waste.
- Guidelines/articles for fingernail cutting in elderly.
- What evidence is there about treating negative symptoms in psychosis - what approaches work?
- How have other NHS trusts supported asylum seekers and refugees with emotional support? Any other terminology used? Any policies BHFT has on this?
- How does cognitive stimulation groups support older adult patients?
- Evidence regarding using dogs to support people with learning disabilities, such as PAT dogs.
- We are currently doing an Audit on Discharge protocol for the CRHTT (Crises Resolution Home treatment Team) and will be grateful if you can kindly help us with literature search on this topic. If there are any audits or research on the provision of services by Crises or home treatment teams
- Importance of support of pets as a therapeutic intervention for supporting individuals with mental health and older adults with dementia. Importance of having this support whilst in an inpatient mental health ward and older adults' wards.
- How music facilitates recovery within adult mental health services
- Literature associated with the treatment of perinatal/reproductive PTSD and Fear of Birth/Tokophobia
- The effectiveness of Radically Open Dialectical Behaviour Therapy?
- Literature related to improving the treatment and management of pregnant and postpartum mentally ill women by maternity, psychiatric and primary care services since 2016, specifically the latest research done in the area.
- Do SSRIs cause Bruxism? How can we treat Bruxism?
- Evidence base for the effectiveness of Positive Behavioural Support (PBS) for people with a diagnosis of Emotionally Unstable Personality Disorder (EUPD)
- Mental health ward configuration - by gender
- Outcome of discharge patients from Crisis Resolution and Home Treatment Team (CRHTT). How to improve outcome or reduce incidents of unwanted outcome following discharges?
- Bariatric nursing care in care/nursing homes
- The effects of Vitamin E on INR/blood clotting
- Managing binge eating in morbidly obese population
- Mental health ward configuration - by triage (e.g. triage ward vs recovery ward; short stay vs long stay)
- What impact does referral management have on NHS services, e.g. reduction or increase in waiting lists, costs, activity, variation in referrals.
- How effective is trauma focused cognitive behavioural therapy (TF-CBT) and eye movement desensitization and reprocessing (EMDR) for Post Traumatic Stress Disorder in individuals with Autism and what therapy adaptations are recommended for this population?
- Do school-based initiatives decrease the amount of anti-social behaviours or school exclusions, of children (under 16), and what types of initiatives are statistically most effective?
- Is not providing vapes a barrier to smokers accessing stop smoking services? Does providing vapes through stop smoking services encourage more smokers from priority groups to engage with the stop smoking service versus only providing NRT? Evidence that clients that have engaged with stop smoking services and not set a quit date because vapes weren't offered as a quit tool, or smokers that would have engaged with stop smoking service but didn't because vapes were not offered.
- I am conducting an audit and would be grateful if you could help me to find more information about ADHD assessments for children with LD.

- Evidence around compassionate mind training for healthcare staff and its benefits on wider team engagement and management compassionate mind training for teams in non-healthcare settings.
- Professional curiosity when considering the health needs of a child or young person in care. The importance of using professional curiosity when undertaking a health assessment.
- What are the differences between schizotypal personality disorder and autism?
- What is the treatment for schizotypal personality disorder?
- Should programmes/interventions designed to support children's sensory processing difficulties be delivered by an OT or by children's teaching assistants, teacher and parents/family?
- Does venlafaxine XL increase risk of suicide in autistic people?
- The validity measure for depression and anxiety: PHQ-9 and GAD-7
- Does antidepressants increase risk of suicide in autistic people?
- Postural support for adults with neurological conditions to ground our work in the evidence base.
- Positive use of social media in managing self-harm and suicidal ideation too.
- Any recent evidence since Creamer E and Humphreys H (2008) 'The contribution of beds to healthcare-associated infection: the importance of adequate decontamination', *Journal of Hospital Infection*, 69(1), pp. 8–23.
- Which is better: Dynamic, passive or active stretching in children with Cerebral palsy?
- Research last 10 years on Mentalization Based Treatment (MBT/Bateman & Fonagy) for conditions other than borderline personality disorder. Particularly interested in anything in the veteran's space, models efficacy with Anger, Affect regulation and ADHD (neurodiversity).
- Are compact ONS (125ml) better at treating malnutrition compared to standard (200-250ml) ONS? Is there better compliance with compact ONS compared to standard ONS when treating or preventing malnutrition? Do the ONS show better outcomes in the study e.g. on mortality/strength/malnutrition etc compared to placebo?
- Looking to update our paediatric epilepsy guideline on the prescribing of potassium citrate for children who are on ketogenic diet for the treatment of epilepsy. Renal stones are a known side effect of ketogenic diet therapy due to inducement of ketosis and increased acidosis. Practice varies as to when potassium citrate is prescribed, what the indications are and dosages and duration. Anything relating to citrate dosages and indications of which patients are indicated for citrate supplementation in particular.
- Outcome measures used in personality disorder therapeutic communities that measure the process of change within the group.

Research / education / prof. development

- Dementia memory loss.
- Use of handheld dynamometer to measure muscle strength including normative values, sensitivity, specificity and techniques.
- The effectiveness of knee mobilisation post total knee replacement to improve range of movement.
- The benefits of green spaces to our mental wellbeing.
- In adults with learning disabilities (LD) and chronic constipation (CC), does evidence support the use of ispaghula husk (psyllium) as first line treatment.
- Application of ISO9001 in the healthcare sector.
- Relationships and sex education for people with Learning Disability. Are educational programmes effective? Assessment of sexual knowledge in people with learning disability. Latest methods of assessment. Delivering sexual health information to people with learning disability. Best methods and resources.

- Promoting oral health for patients. The influence of poor oral health with chest infections (Pneumonia etc).
- How does early intervention work prevent the emergence of serious bipolar illness?
- The deterioration of language skills following neurological trauma.
- The impact of code switching and use of non-English languages in second-generation immigrants. And to explain code switching, it's a linguistic process in which a person changes their language use depending on the individual or group that they're in conversation with. This can be done either through changing languages like from French to English, or by changing the aspects of language used like formal to informal language.
- The link between bullies and depression/anxiety in adults?
- How is sensory processing affected by trauma or mental health conditions. Links between trauma and development of sensory processing difficulties. Wider searches: Sensory processing and mental health conditions (these include psychosis, schizophrenia, Bipolar), Sensory processing and mental health conditions and occupational therapy, Trauma and Sensory processing and mental health conditions. Narrowed searches: Sensory processing and psychosis, Trauma and Sensory processing, Sensory emotional regulation and psychosis, Sensory processing schizophrenia and psychosis.
- Do Health Visitors have a positive impact for early years? Impact of 5 mandated check visits in health visiting.
- Is epilepsy post stroke the second is body massage post stroke? The incidence of unprovoked seizures/epilepsy following stroke.
- Is massage safe post stroke?
- Is it necessary to prepare skin with alcohol prior to venepuncture?
- How can we include neurodiversity into our student placement processes? How to support neurodiverse students?
- Mental Health Inpatient physical health assessment for patients with Serious mental illnesses.
- Are there any connections between significant tics and memory loss in the context of a Multiple Sclerosis diagnosis?
- Is there a connection between multiple births and anorexia nervosa? How much do we know about the cause of the correlation?
- Benefits/limitations of using videos by way of information sharing for those with e.g. neurodiversity/mental health conditions/language barriers etc?
- System leadership and how Nurse Consultant can influence on these areas.
- Sustainable health care and how Nurse Consultant can influence on these areas.
- Occupational Therapy students experience and/ or impact on non-traditional/role emerging/charity/private organisation placement settings. What is the impact of Occupational Therapy students having a practice placement within a non-traditional/role emerging/charity or private organisation placement setting?
- Trauma informed approaches in mental health services. Link between trauma and mental health services. Vicarious trauma for workers in mental health services.
- Barriers to continuing professional development of NHS nursing workforce.
- Have the national lockdowns from the COVID 19 pandemic resulted in a reduction of children's gross/fine motor skills and handwriting development?
- Understand the differences between Schwartz rounds, active learning sets and reflective groups. Identify which approach is best used with specific learners and from different environments.

- Delivering Online or virtual training [advantages, disadvantages, how to enhance engagement]. Blended learning [advantages, disadvantages, how to enhance engagement]. Traditional/classroom learning [advantages, disadvantages, how to enhance engagement].
- Recent articles on ASD ADHD comorbidity.
- Hand hygiene best practice.
- The rationale and benefits of using indirect therapy (e.g. training those around the young person) rather than direct therapy (therapist working directly with the young person).
- How effective is the Myers–Briggs Type Indicator (MBTI) in developing and supporting leaders and managers?
- Management of contractures of bariatric/obese.
- Gender, ethnicity and diagnosis of autism and personality disorders. Articles that think about difficulties in diagnosing ASD and EUPD as well as overlap of these diagnoses and then the potential effect of ethnicity or intersectionality.
- Ivabradine in heart failure.

Knowledge Management / Management decision making

- Do app-based/online active travel initiatives increase the amount of active travel undertaken by children (under 16) and their families, and is this more than other types of initiatives?
- Can kindly help me with doing some search for resources around the factors influencing DNA rates? Factors impacting DNA rates in CAMHS and/or Mental health setting.
- What are the main motivations behind staff working in temporary positions (bank and agency) within the NHS? What influences them to join/work via the bank or agency?
- The acceptability, feasibility and effectiveness of an Anger group intervention based on the compassion focused therapy for veterans in the UK.
- The impact of alcohol, cannabis and opiates on the efficacy of PTSD treatments such as EMDR, Trauma Focused CBT, Compassion Focused Therapy & Narrative Exposure Therapy.
- What treatment is suggested for young people (8-18yrs old) who have significant bone demineralisation (on dexa scans) as a result of anorexia nervosa and secondary amenorrhoea?
- The governance around SharePoint to inform our decision making around our operating procedures for SHaRON patient data.
- Whether providing interview questions in advance of interview is effective for recruitment.
- How have other libraries used the Microsoft power platform to automate processes?
- Carers education and support programme using an app.
- Any existing questionnaires for adults relating to the DSM-V diagnostic criteria specifically?
- A questionnaire for clients (those that are able to) to self-complete relating to the DSM-V criteria. Whether any other services use this approach to complete their assessments, evidence base for clients completing questionnaires, for example strengths of autistic clients in written communication.
- What the most ideal green spaces are for community and mental health settings and the benefits. Or perhaps more focussed research on the wellbeing and environmental benefits of sensory gardens or hospital setting gardens/ community gardens that improve wellbeing, reduce inequalities and tackle environmental issues.
- What are the long-term effects of bystander exposure to second hand vapour produced when patients are using approved nicotine containing vapes indoors as an aid to reducing or quitting smoking.
- Current evidence on mental health ward systems/organisation/configuration and effects of these e.g. separation of patients by sex/diagnosis/locality, triage system.

- Children with ADHD transitioning to adult services. Why Children with ADHD stop taking ADHD medication. Experiences of young adults with ADHD. This would include services management/process and patient experience articles.
- Children with ADHD transitioning to adult services.
- What are the long-term effects of bystander exposure to second hand vapour produced when patients are using approved nicotine containing vapes indoors as an aid to reducing or quitting smoking?
- How many Learning Disability services use PROACT-SCIPr-UK® to manage violence and aggression? Compared to the General Services Association (GSA) model? What is the effectiveness of PROACT-SCIPr-UK® to manage violence and aggression? What are the risks of having 2 different training models in the same organisation?
- How do we improve student placement capacity?
- Evidence about health inequalities in Berkshire County/Reading, particularly regarding mental health, care access, deprivation, poverty, access to green space, etc.
- Are group interventions effective in helping women cope with baby loss?
- What are other NHS Trusts doing to support transformation/service improvement? Not necessarily big projects that are supported by the project management office but smaller projects.
- Research articles, best practise guidance, standard operating policies/procedures that highlights within an integrated community meant to help teams [CMHT], which activities and interventions would be the responsibility of social services [adult social care] and NHS and which would be the responsibility of CPN's and social workers.
- BS EN 527-1:2011 Office furniture.
- What are the differences between grief and trauma in terms of its clinical presentation/symptoms (e.g. presence of flashbacks, heightened fight/flight/freeze response etc.) and treatment? The differences between grief/complicated grief and trauma/PTSD in terms of its clinical presentation/symptoms and recommended therapeutic intervention options.
- Research on how to improve DNAs for stat and mad training.
- The process involved in the development of checklist tools. Information regarding the development and of health checklists.
- What does successful QI system implementation look like? What are the success factors?
- Is a high deprivation level related to a lower recovery rate for Primary Care Mental Health Talking Therapies services in UK? Are the same deprivation levels related to how many finish a course of treatment within Talking Therapies across UK and where is Berkshire Healthcare situated?
- How do you empower staff to do QI?
- Developing staff's social and technological skills for QI? E.g. leadership, change management, data manipulation.
- What does a mature QI system look like? One that survives leadership changes. E.g. CEO leaving etc.

Patient info: health and wellbeing

- Do milk and dairy products exacerbate the symptoms for patients with respiratory conditions e.g. COPD?
- A rapid narrative review of the published literature, focusing on health improvement interventions in a developed country context.
- Is Cognitive Disengagement Syndrome distinct from ADHD?

- The benefits of activity for individuals, specifically children's, mental health, and general wellbeing. how does fresh air/outdoor activity in young people/adults impact on mental health and wellbeing?

Other

- Liver disease/liver dysfunction/liver function abnormalities and Fluoxetine levels/toxicity [Purpose: coroner's response].

Appendix 4 – Findings from externally sponsored studies (Hosted)

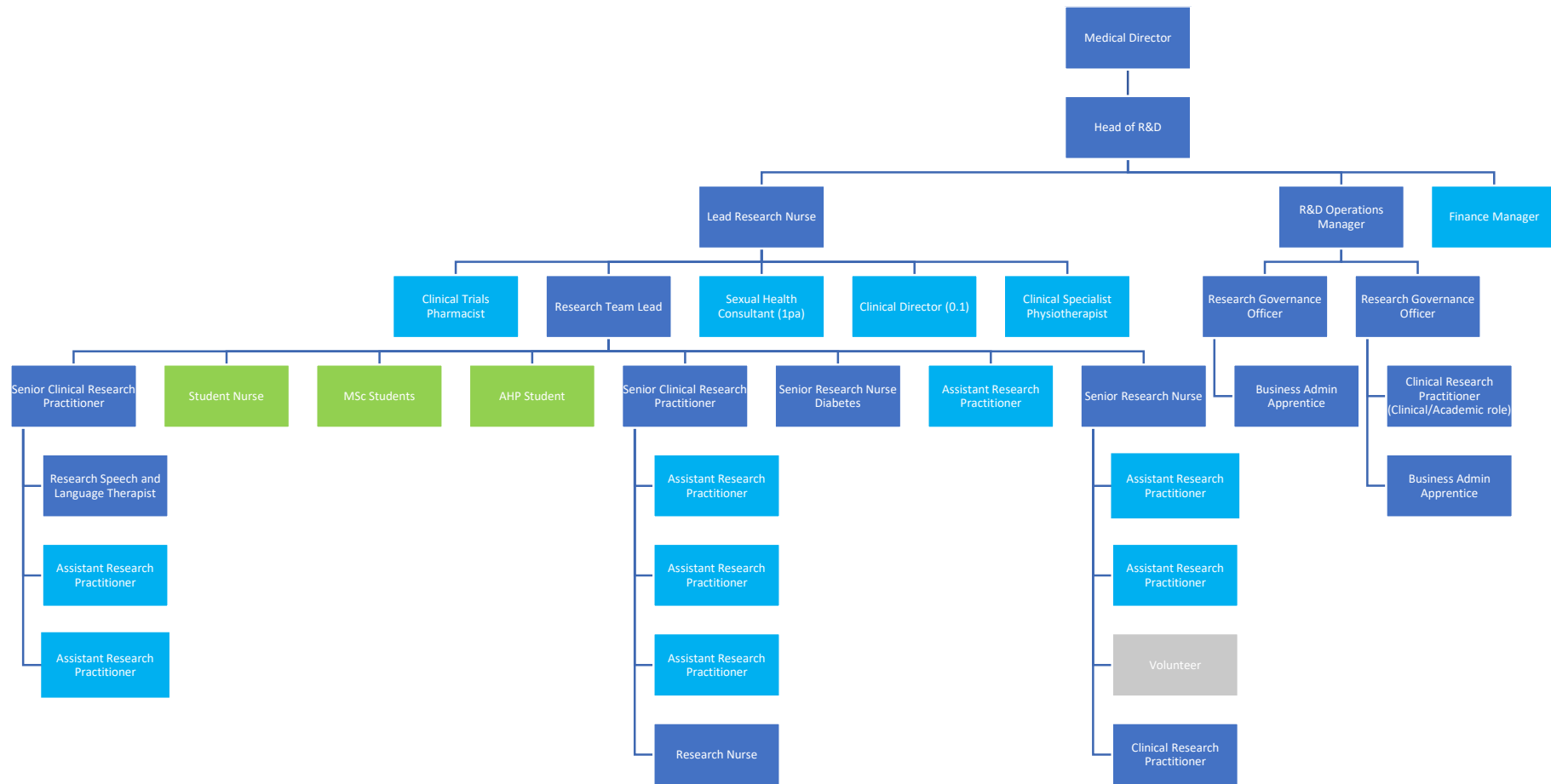
Study Name	Links to published results (Mental Health Services)	Date published
Nidus Family-Intervention for people with dementia to live independently	https://authors.elsevier.com/sd/article/S2666-7568(23)00262-3	2023
Basil Plus Behavioural Activation in depressions and loneliness in older adults	https://authors.elsevier.com/sd/article/S2666-7568(23)00238-6	2024
Therapist Supported Online Therapy for PTSD in Young people	https://bmjopen.bmj.com/content/bmjopen/12/3/e054852.full.pdf	2023
Co Cat – Digitally Augmented Parent Led CBT for Child Anxiety	https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(23)00429-7/fulltext	2024
Sleep Well Targeted Psychological Treatment for Sleep Problems in Young People	A targeted psychological treatment for sleep problems in young people at ultra-high risk of psychosis in England (SleepWell): a parallel group, single-blind, randomised controlled feasibility trial - The Lancet Psychiatry	2023
Safer online lives	Safer Online Lives - Tizard Research Projects - Research at Kent	2024
Attitudes to voices	https://www.sussexpartnership.nhs.uk/our-research/mental-health-dementia-research/research-clinics/sussex-voices-clinic	2023
Psychological Impact of Covid 19	The psychological and social impact of COVID-19 – UKRI	2023

Appendix 5 – Research visibility

Increasing Visibility - Research and Development

Collaborative	Embedded	Supported	Visible and Impactful	Capacity Building
Reciprocal agreements with sponsors	OPMH Services	Mentoring / Supervising staff through academic training courses	Lead Clinical Research Nurse provides Professional Nurse Advocacy to the Community Nursing Services	Research projects to ease pressures on services
	Sexual Health			
	Diabetes			
	Dietetics			
	Physiotherapy			

Collaborative	Embedded	Supported	Visible and Impactful	Capacity Building
Collaborations with partners	Learning Disability	Fellowships and Internships – support to apply and complete	Module on the Leading for Impact course and Stepping Forwards courses	Research projects to streamline service provision
	Dietetics			
	Physiotherapy			
Collaborations with HEIs	Community Nursing	Training to support research activities for Assistant Psychologists and Advance Clinical Practitioners	Working alongside our clinical colleagues	Increasing awareness of funding opportunities and support with applications
	Mental Health			
	Talking Therapies			
	Trauma Services	Multi-professional Practice-based Research Capabilities Framework (Advanced Practice)	Inclusion on job descriptions and competency sets	Streamlined funding with flow through to services supporting research activities
	Early Intervention in Psychosis			
	Mental Health Inpatients			
		Proactive identification of research projects aligning with Trust and Service priorities	SORT – Organisational Research Readiness Tool	



Key: Core members of the Research and Development Team Staff 'embedded' in clinical services supporting research activities
 Students placed with the Research and Development Team Volunteer