The new National Institute for Health Research Mental Health Policy Unit, which will provide the first fast-response resource of its kind for policymakers.

Professor Mike Crawford (Page 4) discusses his work with people with personality disorder, and the new intervention he and his team have developed to help this disadvantaged group to better understand how to live with the challenges.

We also look at how getting people with schizophrenia to confront their own computer-experience a higher level of postnatal depression in South Asian populations is seeking to improve the quality of life for mothers in the UK. Nearly one in five (19%) British South Asian mothers who have undergone bariatric surgery to maintain weight loss will help to inform new post-operative guidelines.

The world’s largest trial of group cognitive behaviour therapy for postnatal depression (PND) in South Asian populations is seeking to improve quality of life for mothers in the UK. Nearly one in five (19%) British South Asian mothers experience PND compared with 15% of the general population. However, language and cultural barriers make it difficult for them to access healthcare, leading to inequality of provision.

Dr Ilyas Mirza, a consultant psychiatrist at Barnet, Enfield and Haringey Mental Health Trust, is the NHS lead and principal investigator for the London site. He says: “If a mum is depressed it has implications not only for her, but also for infant development.

“Postnatal depression is a big issue among British South Asian women who are vulnerable because they are hard to reach. The idea of this intervention is to harness the power of the group to magnify the effectiveness of cognitive behaviour intervention.”

The London trial is aimed at recruiting 180 women through primary care and children’s centres. The programme, delivered in the women’s spoken language, comprises 12 sessions with nine at the beginning and end of the three-month period. Topics will include the vicious cycle of depression, managing self-esteem, religion and spirituality, and social isolation.

To ensure that the women are able to fully participate, they will choose a meeting location they are comfortable with, and a creche will be provided for the children. The mood of group members will be monitored by sessions seven and eight, participants reporting positive lifestyle changes.

Evidence from a 2013 pilot trial with 12 British South Asian mothers in Manchester showed a marked improvement in wellbeing, with participants reporting positive lifestyle changes. “The feedback from other sites is that, by the end of the intervention, participants become highly engaged with the study and some of them are able to lead the process,” Dr Mirza says.

“We will wait to see whether that happens in London. But at the launch in November, the response was certainly energetic and passionate from all the stakeholders.”


Making research everybody’s business
Q&A: Mike Crawford, professor in mental health research at Imperial College London, explains why he chose to work with one of the most poorly-served groups in psychiatric care.

Q. What inspired you to focus on personality disorder in your research?

A. I wanted to work with people who didn’t necessarily get a good service from healthcare. During my psychiatry training, it became apparent to me that there was a disadvantaged group of people regularly presenting to services who were simply being patched up by the NHS following self-harm or a crisis.

Q. How do you define the care being offered, so I felt we needed to do something better.

A. We are not attempting to change people’s personalities but to give them a better understanding of how they can live with the difficulties.

Q. How do you define personality disorder?

A. Patterns of behaviour such as the way a person deals and copes with setbacks at times of stress seem to be laid down quite early on in life. They are partly the result of temperament, but the environment we grow up in is also important in determining how confident we feel in ourselves and in our relationships with others. Some people are very calm and level-headed, some are rather boring and some are hot-headed and tempestuous, particularly those who have had an unsettled start to life. Some people have very poor relationships with others, associated with poor quality of life and poor mental health. It is this extreme end of normal personality that we think of in terms of personality disorder.

Q. What is the background to the new intervention you have developed, and what is its aim?

A. Twenty years ago, there was little in the way of services for people with personality problems, but psychological treatments have since been developed that appear to make a difference. However, they are complex treatments that take a long time – one to three years – and this means that most people with personality disorder find the idea of groups very difficult. The treatments do have an impact, but they take a long time – one to three years – and this means that we deliver them to very few people. I work as an honorary consultant psychiatry at the Waterloo Centre – a specialist service for people with personality disorders provided by Central & North West London NHS Foundation Trust – and we are able to provide the service to 30 people.

Q. What is the approach you have developed, and what is its aim?

A. The fact that they kept coming back suggested that this approach wasn’t working. The clinicians – doctors and nurses – and I suggested that this approach wasn’t working.

Q. Interventions focus on psychological approaches that can help people live better with their personality difficulties. We are not attempting to change people’s personalities but to give them a better understanding of how they can live with the difficulties that personality problems can create.

Q. How did you develop the new intervention?

A. Over a series of six to 10 sessions, the treatments do have an impact, but they take a long time – one to three years – and this means that most people with personality disorder find the idea of groups very difficult. The treatments do have an impact, but they take a long time – one to three years – and this means that we deliver them to very few people. I work as an honorary consultant psychiatry at the Waterloo Centre – a specialist service for people with personality disorders provided by Central & North West London NHS Foundation Trust – and we are able to provide the service to 30 people.

Q. What is the aim of the new intervention?

A. To try to address this, we have developed a short-term intervention called Psychological Support for Personality (PSP) in collaboration with people who have lived experience of personality disorder. PSP consists of a person-centred assessment of personality and current difficulties, and information and discussion about the nature of personality problems. Over a series of six to 10 sessions, the clinician uses this approach to develop a short-term intervention that can help people live better with their personality difficulties. We are not attempting to change people’s personalities but to give them a better understanding of how they can live with the difficulties that personality problems can create.

Q. What is your most pleasing professional achievement to date?

A. A few years ago, I co-chaired the NICE guidelines committee on service-user’s experiences of mental healthcare. It was a different kind of committee because it was made up equally of people who use and who provide services. I was a co-chair alongside a researcher who had first-hand experience of poor mental health. It was a great experience, and the standards set have gone on to influence the development of mental health services.

Q. What are your hopes for mental health research in 2018?

A. On a personal level, there are two exciting new projects starting up this year. One is looking at the high levels of sexual dysfunction of people with psychosis – a topic that is of great concern to many service-users. This dysfunctions has an impact on intimacy relationships and quality of life, but it is a very under-researched area. The other project will be looking at pharmacological treatments for people with personality disorder.

Q. What is your most pleasing professional achievement to date?

A. Clearly, we need to train more staff. However, given the current financial situation, we have to look at how we can work alongside service-users and peer support workers, and also work with other graduates, to develop a stronger mental health workforce.
PROFILE: Dr Brynmor Lloyd-Evans, joint deputy director of the new NIHR Mental Health Policy Research Unit, on balancing policymakers’ demands with the need for scientific rigour.

Until now, there hasn’t been one go-to place mental health policymakers can seek evidence from. There are policy research units in other areas, but the NIHR Mental Health Policy Research Unit is new to this field. The unit, commissioned by the Department of Health, has been given five years’ funding. The brief from the DoH has three themes: to provide advice to the Department of Health, to rapidly tap into expertise across the country, and is an example of where prevention would work, but also how to intervene early to try to prevent those serious mental health problems or improve access for people who are currently unable to reach services.

For instance, we know that child mental health has a comparative lack of research and resources, and an example of where prevention would be relevant. We’re a joint team from UCL and King’s College London led by Prof mental health economist, at the evidence regarding people’s experience of the Mental Health Act. We’ve been supporting the work of the MHA review team, which was set up by the government and has to provide a report by the autumn.

The aim is to be able to link an expert with a policymakers with those of academics, treading the line of doing good-quality rigorous work while responding quickly to immediate needs. Although our agenda is set by the DoH and affiliated bodies, we want to have as much involvement as possible with all stakeholders.

There is a big public involvement element to the work. A service-user and carer involvement co-ordinator works with a group of about a dozen people with lived experience of using services and carers that will contribute to the work we do throughout the year. A service-user and carer involvement co-ordinator will help to set up a working group of about 4,000 members − to recruit our working group, and affiliated bodies, we want to have as much involvement as possible with all stakeholders.

A number of projects have been commissioned to meet more medium-term needs over the course of a year or two. For example, we are reviewing different types of community-focused projects to promote social participation and looking at how their mental health impact has been evaluated. This can help inform the development of public health initiatives to encourage more inclusive, health-promoting communities in future. We haven’t got the time or the budget to do any long trials.

We are working directly with policymakers to address the applied practical questions they need answers to within the required timescale. Rather than saying “Wait five years and then we’ll submit our paper for publication”, we’re trying to provide a prompt, useful response while retaining scientific rigour in what we do.

A current priority is the planned reform of the Mental Health Act. We’ve been supporting the work of the MHA review team, which was set up by the government and has to provide a report by the autumn.

Four systematic reviews are under way looking at the evidence regarding people’s experience of compulsory admissions, international comparisons of legislative systems, and the effectiveness of interventions to reduce compulsory admissions. We are also analysing routine mental health service records data to fill gaps in current knowledge about who is being detained, and in what contexts, and responds well to any rising compulsory admissions or occurring.

The big challenges will be marrying the expectations and ways of working of policymakers with those of academics.

“One of the big challenges will be marrying the expectations and ways of working of policymakers with those of academics”
Recruits boost hopes of big impact on HIV rates

Sexual health clinics in England are being invited to sign up to a trial investigating how the NHS can provide pre-exposure prophylaxis (PrEP) as part of routine practice for people at high risk of HIV infection. The single-tablet PrEP is made up of a combination of two antiretroviral drugs that have been part of a treatment regimen for HIV for many years.

The patient either opts for a daily tablet or takes a short course before sex. The single-tablet PrEP is made up of a combination of two antiretroviral drugs that have been part of a treatment regimen for HIV for many years.

‘The aim of the trial is to find out more about how PrEP would be used — and, therefore, what the long-term implications of providing it as routine care would be for the NHS. It hopes to discover what proportion of patients attending clinics might be eligible and, if those patients take PrEP, whether they would continue to do so over a long period or take it only at times in their life when they were more at risk,' he says.

Last October, the Mortimer Market Centre in central London became one of the first clinics to join the trial and rapidly moved close to completing recruitment of its allocated number of 560 participants.

Dr Gilson says: ‘PrEP Impact is unusual among trials we run in that it isn’t a trial of effectiveness, but a trial of the use of a medication in routine practice. ‘It is the largest recruitment effort we’ve ever done. Often it’s difficult to persuade people to take part in an unusual study, but certainly not with this case with this one.’

‘There has been such huge interest that it’s been a matter of managing the demand. We’ve almost recruited all our MSM allocation of places, although we still have room for people from other groups.”

Although more work needs to be done, Professor Osborn is pleased with how the trial went. He says: ‘People are actually interested in taking part in this research. That seems to be a sea change — that people are taking this area seriously.”

The increased risk of cardiovascular disease in people with severe mental illness is the focus of a new UCL study published in the Lancet Psychiatry journal.

The Primrose trial, which aimed to evaluate the effects of a primary care intervention on decreasing total cholesterol concentrations and cardiovascular disease in the target group, was led by David Osborn, professor of psychiatric epidemiology at UCL.

‘People with severe mental illnesses are still dying 10 to 20 years younger than their counterparts, even when you account for things such as social deprivation. This trial was asking what we could do to try to decrease those inequalities. Participants in the trial received either their usual GP practice care, or up to 12 appointments with a practice nurse or healthcare assistant at their local practice to identify and monitor goals related to cardiovascular health.

Their cholesterol was measured, and how much this cost was collected. Cholesterol concentration at 12 months, although reduced, did not differ between the intervention and treatment-as-usual groups.

However, a potentially cost-saving outcome was that the Primrose group, which had seen the same nurse at least six times during the study, underwent fewer admissions to psychiatric hospital than the comparison group, which didn’t have continuity of care from a practice nurse or healthcare assistant.

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More information: • http://ucl.ac.uk/primrose

TRIAL TARGETS CARDIO RISKS LINKED TO MENTAL ILLNESS

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Making research everybody’s business
Patients will be followed up for two years after the intervention. The results of the randomised controlled trials will feed back directly into the clinic in terms of post-operative support for patients. They will also inform national guidelines, which Scholtz says is essential in order to provide the post-operative direction and guidance that is currently lacking in bariatric surgery. “This is a group of patients that is stigmatised and faced with a lack of information and misunderstandings about the physiology of obesity,” Dr Scholtz says. “The assumption that people just need to exercise a bit more and eat a bit less, then they’ll lose lots of weight, is patently wrong. I strongly feel that we need to be supporting those patients by giving them psychological interventions with the right type of support so that they keep the weight off long-term.”
UCL unit’s prime time in clinical trials successes

For more than a decade now, the PRIMENT (clinical trials unit (CTU)) based at UCL has been successfully showcasing best practice in research focused on primary care and mental health.

The unit, founded in 2007, specialises in trials in the community, occasionally including hospital care. At any one time, there are seven or eight trials actively recruiting, with others launching or at the analysis stage.

But we have managed to retain no core funding, as PRIMENT is reliant on external grants. "It’s a challenge," admits Professor Irwin Nazareth, Professor of Primary Care and Population Science at UCL and co-director of PRIMENT. "But we have managed to retain every successful grant we receive."

Limited staffing and finances mean the team can cope with only 25 to 30 concurrent trials. Initially, the CTU undertook research led by any university within the UK, but PRIMENT eventually had to restrict trials to UCL as the demand for collaboration increased.

However, the team will still consider research led by another university if the topic is interesting to PRIMENT, and if the CTU has specifically been approached by an external collaborator because of its expertise on the topic.

For instance, the unit recently took on a study on transgender from the Tavistock and Portman NHS Foundation Trust that required expert knowledge on sexual health and behaviour. PRIMENT is one of the few CTUs in the country that can offer such expertise.

An example of the best practice that has helped to build the unit’s reputation is a large study by the National Institute for Health Research (NIHR) on encouraging smokers to quit that can offer such expertise.

Although we are within an academic institution, we operate like a business, having to justify our existence through every successful grant we receive. Nevertheless, it ensures that we are efficient in the running of the unit.”

"We operate like a business, having to justify our existence through every successful grant we receive" Professor Irwin Nazareth

NHS smoking cessation services. Professor Nazareth says the CTU has reason to be particularly proud of the trial because, despite the difficulties of recruiting a population of resistant smokers, the team managed to enrol 4,500 people in general practices across the UK. They were followed up over 12 months – and the task was achieved in record time.

A V A T A R S H E L P SILENCE VOICES HAUNTING SCHIZOPHRENICS

In what is being hailed as an important development in the treatment of the mental disorder, King’s College London and UCL recently completed a trial of 150 schizophrenics who had been hearing voices for more than a year, with half of the participants given avatar therapy and the other half given counselling.

Avatar therapy – a new treatment approach invented by Julian Leff, emeritus professor of mental health sciences at UCL – involves the patient creating and controlling a computerised representation of the voice they hear.

A three-way conversation takes place between the patient, the avatar and the therapist, in which the patient is encouraged to challenge the avatar. The idea is that they take back control from the voice they are hearing. For example, the avatar might say: "You’re pathetic. How come you’re so confident?" And the therapist would encourage the patient to respond along the lines of: "Go away, I have nothing to listen to you any more."

Before the avatar therapy is made widely available on the NHS, it needs to be trialled at other centres. But Professor Craig says the findings are a “significant advance” in treating auditory hallucinations.

Reinforce smokers have been recruited to NHS cessation services

Speaking to an avatar on a computer screen has been found to reduce dramatically the threatening and distressing auditory hallucinations experienced by people with schizophrenia.

"As a result of our trial, we believe that any voice which the patient is engaging with is not in a person’s head. It’s a disembodied voice. This is the idea that the voice is all-controlling.”

More information: http://ucl.ac.uk/ictm/about/priment

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The following sessions are being hosted by Noclor and our associates. All the sessions are free and open to all staff who have an interest in research (including doctors, dentists, nurses, research assistants), and who are working in or associated with our partner Trusts. Sessions will take place at St Pancras Hospital Conference Centre, West Wing, 4 St Pancras Way, London, NW1 0PE, unless listed otherwise. For details see noclor.nhs.uk

Finding research funding

It is possible to apply for funding from the following organisations. This is by no means an exhaustive list and deadlines have not been included. Refer directly to organisation website for application deadlines.

National Institute of Health Research: http://www.nihr.ac.uk
Medical Research Council: https://www.mrc.ac.uk
Wellcome Trust: http://www.wellcome.ac.uk
Cancer Research UK: https://www.cancerresearchuk.org/#/
Diabetes UK: https://www.diabetes.org.uk
Health Foundation: http://www.health.org.uk
King’s Fund: http://www.kingsfund.org.uk
Research Council Grants (MRC, Economic & Social Research Council) 3 weeks prior to submission deadline.

Contact the Noclor finance team at: finance.noclor@nhs.net

Making research everybody’s business

YOUNG RESEARCHERS GET £1 MILLION BOOST

Eight early-career researchers will benefit from grants awarded as part of a Biomedical Research Centre (BRC) investment of over £1 million in mental health research projects.

The projects include diagnostic categories and classifications, drug re-purposing, subjective awareness, risk factors for disease, amotivation, maladaptive memories and delusion.

Professor Rob Howard, BRC Mental Health Theme Lead, says: “We and our partners are committed to building capacity through the support of early-career clinical academic colleagues. Our funding has been allocated in ways that we believe will help the young researchers to gain their own fellowships for the next stage in their careers. “Special thanks should go to Camden and Islington NHS Trust, UCLH and UCL colleagues and laboratories that have generously hosted and supported the fellows.”
Projects currently recruiting

- **Nitrate TOD**: Trial investigating whether dietary inorganic nitrate (70ml of beetroot juice daily for four months) for hypertension-induced target organ damage (TOD) can reduce blood pressure and the associated thickening of the heart (left ventricular hypertrophy) and stiffness of the arteries. As well as access to specialist care, patients will potentially have the benefit of lowering blood pressure without the use of medication. More information: noclor.norththamescrn@nhs.net

- **NIDUS**: Stream one of the New Interventions for Independence in Dementia (NIDUS) study, a qualitative exploration of how people with dementia are supported to live independently in their own homes. The study team plans to co-produce interventions with people with dementia, family carers and professionals, using the experiences and views of a broad range of stakeholders to help improve the quality of support. More information: contact.noclor@nhs.net