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First thoughts…

With depression on the rise in the UK, it’s appropriate that this 10th edition of the Noclor newsletter has a strong focus on mental health issues, which are currently making headlines.

Professor Glyn Lewis (Page 4) explains why he has chosen to specialise in the causes of depression − particularly in adolescents − and to lead to better support for parents.

Paul Ramchandani (Page 6), child and adolescent psychiatrist at CNWL and Imperial College London, is taking up a new LEGO-funded adolescent psychiatrist at CNWL and Imperial

people with chronic depression.

Paula McLaren (Page 9) encourages people to talk about mental health.

Victoria Bird (Page 12), a clinical psychologist at St Pancras hospital is encouraging the Twitter campaign (Page 9) initiated by a clinical psychologist at St Pancras hospital is encouraging people to talk about mental health.

We also talk to Paul Ramchandani (Page 6), child and adolescent psychiatrist at CNWL and Imperial College London, is taking up a new LEGO-funded

adolescent psychiatrist at CNWL and Imperial

people with chronic depression.

tested on people with psychosis − for use in adapting an app-based intervention − successfully

who is the principal investigator for a trial that is

more people to talk about mental health.

psychologist at St Pancras hospital is encouraging

Twitter campaign (Page 9) initiated by a clinical

We also report on an innovative way to help spot throat cancer − Pill-on-a-string helps spot throat cancer.

The number of students reporting mental health problems is rising (Page 13), but a
depression − particularly in adolescents − and

why it is so crucial that the stigma surrounding the illness continues to be broken down.

The trial aims to recruit more than 9,000

patients in up to 150 GP practices to assess

out in GP surgeries.

endoscopy, the new test does not require

sedation or a hospital visit as it can be carried

endoscopy examination, in which an optical instrument is introduced into

the oesophagus.

The procedure costs around £600,

required to swallow a capsule containing

require patients to swallow a capsule containing

a sponge attached to a piece of string.

Institute for Health Research (NIHR) and funded

The BEST3 trial, supported by the National

In contrast, the Cytosponge test costs

around £25, and can give doctors a much better

picture of the extent of the disease. Unlike an

optical instrument is introduced into

the gullet to grow abnormally,

stomach can cause cells in

in which acid reflux from the

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Uplifting challenge of improving mental health

Q&A: Glyn Lewis, professor of psychiatric epidemiology at UCL, explains his ongoing fascination with research into the treatment of depression and other mental disorders.

Q What is it about psychiatry that interests you? A The breadth of psychiatry is unique among medical specialties because it covers a whole range of different scientific approaches – social science, epidemiology, neuroscience, right down to genetics and molecules. Also, you’re dealing with people and their mental life and how they react to different events, so if you’re interested in people, psychiatry is fascinating.

Q Why did you choose to specialise in depressive illness? A A couple of decades ago, in the Global Burden of Disease study, a methodology was developed to try to put conditions such as depression, which affects quality of life, on the same scale as cancer which leads to shortening of life. It became clear that depression is now the leading cause of what are called “disability-adjusted life years”, or DALYs, in middle- and high-income countries, which is a way of looking at the burden of illness to the individual and society as a whole. There has been an enormous growth in the number of antidepressant prescriptions over the past 20 or 30 years, but in the last 10 or 15 years that increase has been due largely to people staying on them for longer.

Q Is there likely to be a new antidepressant in the next decade? A The consensus is that it is unlikely we’ll get some completely new pharmacological agent that will make a big difference. All antidepressants work on the same system, so even if a new one does come along it is not going to revolutionise the treatment.

Q What does your most recent work involve? A We’re just coming to the end of a study called PANDA – Prescribing ADHD/Depressants. Appropriately – that is trying to provide guidance for GPs about the people who will benefit from antidepressants. Our idea is that the severity of depression might be what affects whether a person is going to benefit or not. We’re using a self-administered computerised assessment, which could then be applied in primary care, and we should have the results early next year.

Q What’s next for you? A Unfortunately lots of people don’t respond to effective treatments such as antidepressants and cognitive behaviour therapy, so I think looking at different treatments is very important.

Q Which mental health area is most important to look at? A A big public health problem, and it is very common and disabling. It affects people mostly of working age and can have a terrible impact on their lives, especially when they experience it in adolescence. From a public health point of view, if you want to change things in a big way then depression is the most important thing to look at.

Q Why is mental health such a hot topic at the moment? A It is the big public health problem, and it is very common and disabling. It affects people mostly of working age and can have a terrible impact on their lives, especially when they experience it in adolescence. From a public health point of view, if you want to change things in a big way then depression is the most important thing to look at.

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It's a bit of a mouthful, but the full title of the post I'll be taking up at the University of Cambridge in January is LEGO professor of play in education, development and learning. Essentially, it means I will be directing the research centre established in 2015 with a £4 million grant from the charitable LEGO Foundation to explore the role of play and where it sits in the education of children and in child development across childhood. My work will be focused on birth to the primary school years.

The company will have no say over the work I do – although we will, of course, discuss with them which research studies they might fund, just as we would with any research funder.

Throughout my time at CNWL and Imperial College, I've been involved in running research studies of early child development. We have been looking at what we can do about the things that impact on children's mental health and early development. Child's play is such a serious matter.

PROFILE: Professor Paul Ramchandani, child and adolescent psychiatrist at CNWL and Imperial College London, talks about his new LEGO-funded appointment and the challenging science of play.

A lot of difficulties that people experience in adulthood have their roots in childhood

We began working in 2016 to try to intervene to give children the best start in life. This translates neatly on to what the University of Cambridge centre wants to do.

Everybody agrees that play is an important part of development, but there are a lot of unanswered questions about where play might be critical, what aspects of development it might be important for, and whether we ought to be encouraging much more, or less, play in schools and pre-schools.

Most importantly, we need to look at where it is helpful, and where it doesn’t really matter. The actual science tells us where and when and how to use play and playful approaches is not clear, and this makes it difficult to get people to take play seriously as an important part of children's development.

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Our biggest challenge at Cambridge will be to ensure that we take the research to the highest standards, so that we are able to provide that high-quality science.

I am hoping to carry out some of the Cambridge studies across other parts of the UK, so if there is an opportunity to collaborate with trusts in north London, I’d be keen to do so.

Making research everybody’s business
Video offers boost for positive parenting

A three-year trial run by Central & North West London NHS Foundation Trust (CNWL) is aiming to use video to help improve outcomes for infants of parents who have personality disorder.

The Boosting Baby Behaviour and Bonding project (BOOST) will evaluate the feasibility of a six-session video feedback intervention to promote positive parenting (ViPP). This involves parents watching video footage of themselves and their child playing together, to help them understand and respond to their child's emotions.

Personality disorder refers to enduring patterns of inner experience and behaviour that affect thoughts, emotions, interpersonal relationships and/or impulse control, and which cause significant distress and difficulties in functioning in everyday life. Parents with this condition have often had a difficult start in life, and so are keen to be good parents to their own children. However, research has consistently shown that having a parent with personality disorder is linked to difficulties in parent-infant relating, and increases the risk of children developing their own difficulties later in life.

Project lead Kirsten Barnicot, a research fellow at Imperial College London's Centre for Mental Health, specialises in perinatal mental health and personality difficulties. She has seen many people who have had difficult life experiences, and high levels of distress, turn things around if given the right kind of intervention.

She says: “It is the first time a research trial has been conducted of a parent-infant intervention for parents with personality disorder who have a child aged between nought and three. This is a group with a lot of need, both on the side of the parent and of the child.

“At the moment, perinatal mental health services see parents with a child aged between nought and three. This is a group with a lot of need, both on the side of the parent and of the child. As the perinatal mental health service sees parents with a child aged between nought and 12 months, and tend to focus more on the mother's mental health, but a parent-infant intervention when the child is still quite young could potentially prevent later difficulties emerging in the child.”

The trial began in June, when clinicians from CNWL and East London NHS Foundation Trust started their ViPP training. Once this is completed, they will be supervised delivering the intervention with a non-clinical family – that is, practising on children of friends or family. Dr Barnicot and her team will then start recruiting patients for their research.

The pilot stage of the research will involve around eight parents trying out the feedback intervention. The second stage will be a randomised control trial in 40 parents – with 20 given video-feedback intervention, and the other 20 given only written information about understanding their baby's behaviour and emotions.

It is hoped that the research will lead to better support for parents to increase their confidence, and improve their children's potential.

"A lot of the research so far has focused on the negative consequences of parents' personality disorder for their children," Barnicot says. “But, speaking to parents with this condition, I found that often they have had very difficult experiences growing up and are desperate to do things differently, to break the cycle.”

For more information on BOOST, contact Kirsten.Barnicot@nhs.net

TWITTER CAMPAIGN TACKLES MENTAL HEALTH STIGMA

Ilan Ben-Zion, a clinical psychologist at St Pancras hospital, has launched an online crusade that is encouraging people to talk about mental health.

Every year, about one in four people in the UK will experience a mental health problem, and every week, one in six people in England report experiencing a common mental health issue, such as anxiety and depression.

Yet reports suggest that only one in eight people in England and Wales with a mental health illness are receiving treatment. This is largely due to the stigma and discrimination around the issue, which discourages people from accessing support.

Dr Ben-Zion's Twitter campaign, #ihavementalhealth, aims to address this with the message that “mental health” is a neutral term because everyone has it, whether it be good or bad. He believes people should feel equally comfortable asking for help when experiencing mental or physical ill health.

Using Twitter has enabled him to engage with a diverse range of people, and he is particularly keen to connect with children and young people, as well as hard-to-reach groups, such as young black and minority ethnic people.

The campaign has branched out on to Instagram, and aims to gain the support of high-profile individuals who have spoken publicly about their mental health struggles, such as Stormzy (left) and Stephen Fry.

> twitter.com/ihaveMH

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Doctors’ surgeries in London’s biggest borough have joined forces in a bid to increase the number of practices taking part in research.

The newly-formed Barnet Federated GPs initiative will liaise with Noclor to assess the suitability of research studies for primary care before they are shared with the practices. Those that agree to take part will be supported throughout the research by NIHR-funded staff.

Barnet has more than 350,000 patients, an ageing population, and a high number of immigrants from east Africa, Somalia and eastern Europe living in what are some of the most deprived parts of the capital.

It is hoped that the collaboration between the borough’s 60 GP surgeries will improve the targeting of services to local need.

The research network initially began in the west of the borough, with six practices working together to try different ways of improving the support they provide to patients.

Two further initiatives, also in the west, were the provision of a dressing service at one of the surgeries for patients who can’t get to hospital, and a minor illness service at another surgery that all six practices could access.

Paula McLaren (pictured), who started out as research lead for the smaller network and is now clinical research lead for the federation, says: “The GP federation provided an ideal opportunity to think about expanding what had worked in the west of the borough to the whole of Barnet.

“We were fortunate that Noclor could see that the work we’d done had been successful and wanted to invest and provide the resource to expand that.”

The new federation has been developing its infrastructure since 2015 and has now established itself across Barnet, with the research network having recently received the approval of the federation board.

It is part of Barnet’s wider GP federation, which provides the framework, and McLaren will oversee the rolling-out of the research element from the original six practices to all 60.

“We’ve done a lot of work,” she says. “We’ve set up a steering group involving people from the north, south and west of the borough to get involved in developing the infrastructure. We’ve done it from the ground up.”

The next step is recruiting GP practices. Engaging with research in a primary care setting offers many benefits for practices, patients and clinicians. Practice nurses and healthcare assistants can require specific training, that enhances their skills, and the surgeries are often paid for participating in studies.

Patients can also benefit from intensive levels of therapy for people with, for example, Parkinson’s disease, or intensive monitoring for health problems such as high cholesterol.

If it works, it will change the way research is carried out in GP practices. “One of the challenges has been to get GPs involved in research,” McLaren says. “It’s not that they don’t want to take part, it’s that they don’t have the time to take part.”

With Noclor on behalf of CRN North Thames providing the resource, we’ve been able to provide research nurses, administrative support and research co-ordinators to assist the GPs with the recruitment of patients and engagement in research.

“If you can make it as easy as possible for GP practices to get involved, they will − and they will see the benefit.”
An app-based intervention that has been successfully trialled in people with psychosis is being adapted to help patients who have chronic depression. The DIALOG+ app was developed within the unit for social and community psychiatry at Queen Mary University of London – in collaboration with East London NHS Foundation Trust – by Professor Stefan Priebe and his team. The app proved so effective that they have begun the process of adapting it in a new programme called TACK (Tackling chronic depression – adapting a solution-focused approach to chronic depression).

"Looking at the results we got from the DIALOG+ trial, we found that the intervention not only improved quality of life but also lowered symptoms of depression. This instantly makes the experience more relatable to satisfaction with treatment. The rating process takes only five to 10 minutes to complete, so the clinician and patient can use the rest of the session to focus on the areas that the person wishes to work on. In the process evaluation, people said it was their suspicion that breaking down goals into small steps and being able to initiate action can be a big problem in chronic depression."

By breaking down people’s goals, their accommodation and living situation, as well as their employment status, changed. The pilot trial, which will include 45 participants and nine care co-ordinators, is due to start in London in April 2018 and will last six months. The overall cluster trial, with more than 400 participants, begins in 2019 and will be conducted in London, Sheffield, Oxford and in the 2gether trust’s area. There is a one-year treatment phase, with the recommendation by the trial that the intervention once a month for six months during their routine meetings with patients, and then flexibly after that. The entire programme runs until 2022.

So far, Bird and her team have held focus groups and interviews with staff and patients, and have started an exploratory study across East London, Oxford and the 2gether NHS Foundation Trust in Gloucestershire. A very active Lived Experience Advisory Panel (LEAP) has been involved in the analysis of the data and the design of the intervention, as Bird was keen to have input from people with lived experience of chronic depression. The pilot trial, which will include 45 participants and nine care co-ordinators, is due to start in London in April 2018 and will last six months. The overall cluster trial, with more than 400 participants, begins in 2019 and will be conducted in London, Sheffield, Oxford and in the 2gether trust’s area. There is a one-year treatment phase, with the recommendation by the trial that the intervention once a month for six months during their routine meetings with patients, and then flexibly after that. The entire programme runs until 2022.

More information at tack.elft.nhs.uk or contact v.bird@qmul.ac.uk or Philip.McNamee@elft.nhs.uk

Contact
Tel: 0181 380 4300
Email: corpcomm@qmul.ac.uk
Web: www.qmul.ac.uk

Focus on mental health and wellbeing

STEEP RISE IN STUDENTS REPORTING MENTAL ILLNESS

There has been a fivefold increase in the number of students who have told their university that they have a mental health condition. This is the key finding of a study by the Institute for Public Policy Research (IPPR), which says university services are struggling to cope with the rise. In 2015–16, the number of first-year students who disclosed mental health issues was approximately 15,000, compared with around 3,000 in 2006. Unlike the number of students reporting mental health issues, was about 0.5%, split evenly between genders. By 2015, the figures revealed that this had risen to 2.5% of female students and 1.4% of male students. A sharp increase in the number of student suicides was also noted in the report. Between 2007 and 2015, official statistics rose from 75 deaths to 134. The report’s authors suggest that this has increased cost of support services across all universities.

University UK want to make student mental health a “strategic priority”, and have launched #stepchange a new framework to improve support services across all universities.
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 different venues: Whittington Hospital, Bloomsbury Healthcare Library and Noclor Research Support. See noclor.nhs.uk for details.

Critical Appraisal Skills Training Workshops (Quantitative Sessions)

- **Wednesday 25 October & Thursday 3 November** 2pm - 5pm (You need only attend one session)
  - **Critical Appraisal Skills Training Workshops**

Good Clinical Practice in Research

- **Wednesday 6 December** 9.30am - 12pm
  - **Good Clinical Practice in Research**

Essential Skills for Clinical Research Nurses

- **Thursday 7 December** 2.30pm - 5.30pm
  - **Essential Skills for Clinical Research Nurses**

Informed Consent in Clinical Research

- **Thursday 7 December** 5.30pm - 7pm
  - **Informed Consent in Clinical Research**

Principal Investigator in Research

- **Friday 8 December** 9.30pm - 1.30pm
  - **Principal Investigator in Research**

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 the organisations website for application deadlines.

- **National Institute of Health Research:**
  - [http://www.nihr.ac.uk](http://www.nihr.ac.uk)
- **Medical Research Council:**
  - [https://www.mrc.ac.uk](https://www.mrc.ac.uk)
- **Wellcome Trust:**
  - [http://www.wellcome.ac.uk](http://www.wellcome.ac.uk)
- **Cancer Research UK:**
  - [http://www.cancerresearch.org.uk](http://www.cancerresearch.org.uk)
- **Diabetes UK:**
- **Health Foundation:**
  - [http://www.health.org.uk](http://www.health.org.uk)
- **King's Fund:**
  - [https://www.kingsfund.org.uk](https://www.kingsfund.org.uk)
- **The Association of Medical Research Charities:**
  - [http://www.amrc.org.uk](http://www.amrc.org.uk)
- **More general funding sources can be found at:**
  - [http://www.rdlearning.org.uk](http://www.rdlearning.org.uk)

Pathways to training opportunities

Please note that for assistance from the finance team, the researcher must contact Noclor within the timeframe given below:

- **Programme Grants** 6 weeks prior to submission deadline.
- **Research for Patient Benefits Grants** 4 weeks prior to submission deadline.
- **Programme Development Grants** 2 weeks prior to submission deadline.
- **NIHR HTA Grants** 4 weeks prior to submission deadline.
- **Research Council Grants** (MRC, Economic & Social Research Council) 3 weeks prior to submission deadline.

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

GENTLE TOUCH CAN ERASE VACCINATION FEAR FACTOR

**Good news for people who are scared of injections a “painless” way of delivering the vaccine has been successfully trialled on humans.**

A sticking plaster with 100 hair-like microneedles releases the vaccine as it is placed on the skin, puncturing only the top layers. Most people in the trial found it painless, although some experienced mild itching and tenderness that disappeared after a few days.

More clinical tests are required to get the method approved for widespread use, but experts say it could revolutionise how flu and other vaccines are given, including being self-administered.

The patch can be stored for up to a year without refrigeration, so people could buy it from pharmacies and apply it themselves.
Projects currently recruiting

● **VACCept**
  Women aged 30 to 45 attending for a cervical screening test will be surveyed anonymously in 11 European countries to find out if they know about Human Papillomavirus (HPV) – which is generally spread by sexual contact and can lead to cervical cancer – and whether they would want the vaccine. The survey has been devised by a European consortium researching prevention of HPV-related cancer.

● **Acute day units**
  The study will test the effectiveness of acute day units (ADUs) as an alternative to inpatient care for people in a mental health crisis, and whether receiving day care leads to a better prognosis. Patients who have been admitted to the Jules Thorn hospital ADU at St Pancras will be compared with those who have been discharged from the hospital’s crisis care team without ADU input.

For information on the studies, contact:
primarycare.noclor@nhs.net