Diseases in medicine are commonly characterised by a deficit, i.e. by something in the organism that is not functioning as it should be. Treatments target – directly or indirectly – that deficit so that the patient is cured or at least not impaired by the deficit anymore. The history of psychiatry has been dominated by the same focus on deficits as the rest of medicine. Mental health treatments have been developed to remove a presumed deficit, even if – for most mental diseases – there has been hardly any evidence on what the precise deficit may be. Yet, the deficit focus applied to all sorts of treatments. Pharmacological treatments claim to address transmitter disturbances in the brain that are assumed to be behind the diseases. Psychological treatments such as psychoanalysis or cognitive behaviour therapy aim to solve underlying conflicts or to change maladaptive thinking and behaviours that according to their models are the problems causing depression or other diseases.

This focus on deficits has led to various treatments that are currently used in mental health care. However, it also has a number of limitations. It may strengthen a negative image of the patient and has produced, at best, limited progress in developing more effective treatments since the 1980s. New perspectives might help to advance treatments and develop novel and more effective ones.

Not all treatment models in psychiatry however have been developed to target deficits. Instead, a number of very different treatments aim to tap into the strengths of patients and utilize their positive personal and social resources. Such models can be considered as ‘resource-oriented’. Eventually, they may indirectly affect the symptoms of a defined disease, as the traditional core group of patients in psychiatry. Yet, the review obviously did not specify diagnostic groups as conventional diagnoses in mental health care reflect assumptions of deficits of patients, not their strengths and resources.

The review identified ten distinct resource-oriented treatment models which were further analysed:

- Befriending schemes
- Client-centred therapy
- Creative Music Therapy
- Open Dialogue
- Peer Support Workers
- Positive Psychotherapy
- Self Help Groups
- Solution Focused Therapy
- Systemic Family Therapy
- Therapeutic Communities

On each of these models, there is a large body of literature, and they have been more or less widely used in practice. In the literature, they are usually treated separately without considering their shared resource-orientation. A recent conceptual review published in the *British Journal of Psychiatry* (Priebe, Omer, Giacco & Slade) provided a synoptic view of resource-oriented models and analysed their commonalities and differences. The review focused on therapeutic models for patients with severe mental illnesses, as the traditional core group of patients in psychiatry. Yet, the review obviously did not specify diagnostic groups as conventional diagnoses in mental health care reflect assumptions of deficits of patients, not their strengths and resources.

The review concludes that these resource oriented treatments are a very promising basis for further developments. They provide a range of possibilities of how exactly resources are mobilised, and what precisely their beneficial effect is. In particular, they point to the importance of exploring helpful factors across social relationships and how they can be used in different therapeutic contexts. Considering them in synopsis rather than separately opens up new perspectives and underpins the helpful potentials of different social relationships.

Utilising patients’ social relationships appears to be the most effective way to strengthen their resources so that they can overcome their mental distress. Research in East London is at the forefront of studying this systematically and developing novel models for interventions.
SUGAR wins National Public Engagement Award

Researchers at City University London in partnership with East London NHS Foundation Trust have won an annual award for their mental health public engagement work.

SUGAR – Service User and Carer Group Advising on Research – was recognised for successfully developing a collaborative working in mental health nursing research.

It was the winning project in the Health and Wellbeing category from over 230 entries.

Institute Director Professor Alan Simpson from the School of Health Sciences at City University London.

The competition is run by the National Coordinating Centre for Public Engagement (NCCPE).

SUGAR was funded as part of a research grant from the National Institute for Health Research (NIHR). Established in 2009 and facilitated by Professor Simpson, the 13-member group consists of mental health service users and carers recruited via East London NHS Foundation Trust and local organisations.

Members of the group receive education and training. They are provided with honorary university contracts, access to the library, computers and facilities, and are remunerated for involvement.

The group and academics meet monthly to collaborate on all aspects of a programme of mental health nursing research.

The group has been a great success with consultations with service users and carers resulting in changes and improvements in research funding applications. Members have also helped to address ethical issues, refined and tested research instruments; analysed and interpreted findings; and helped disseminate results. Due to its impact, the model has also been adapted by a team of academics working with patients and carers in kidney care, including haemodialysis and transplants.

The researchers received the Awards in a ceremony on 11 June 2014 at the Natural History Museum.

Changes to booking and submission of NHS RECs

In order to improve its service and make the booking and application process more straightforward for researchers, as of May 2014, the HRA has introduced the processes for applying to NHS Research Ethics Committees (RECs). The key changes are as follows:

New Central Booking Service (CBS) for applications to NHS RECs

A new national Central Booking Service (CBS), with a single number, to cover all bookings for RECs in the UK.

Applications to NHS RECs will be submitted by e-mail) must be submitted (except notices of substantial amendments, which should be submitted by e-mail) must be submitted electronically from IRAS.

The NHS REC form (including STAC, Social Care REC, Research Tissue Bank and Research Database variants) and non-NHS Site Specific Information (SSI) forms and their associated supporting documentation must also be electronically submitted by the applicant from IRAS to the REC system thus removing the need to submit hard copies.

Electronic submission must be completed on the same day as the booking is made. So applicants must ensure that their application is ready to submit (i.e. forms checked, supporting documents attached and electronic authorisations in place) before phoning to book their application. Any pre-submission advice should continue to be sought from local IRAS REC offices.

Notice of substantial amendments form are still created in IRAS but they are not electronically submitted; submission of these forms continues to be via email.

Keeping up to date


Upcoming Events

Research Training Sessions

The Academic Unit at the Newham Centre for Mental Health holds fortnightly training sessions on a variety of topics of interest to those undertaking research in the NHS. The training is held from 11:00-12:00 on a Wednesday in the Lecture Theatre; for more information, contact Hana Pavlickova by email at Hana.Pavlickova@eastlondon.nhs.uk

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Presented by</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 September</td>
<td>Developing a protocol</td>
<td>Vicky Bird</td>
<td>London NHS FT</td>
</tr>
<tr>
<td>8 October</td>
<td>Digital storytelling</td>
<td>Rose Thompson</td>
<td>East London</td>
</tr>
<tr>
<td>29 October</td>
<td>Searching and Assessing Eligibility</td>
<td>Vicky Bird</td>
<td>Newham</td>
</tr>
<tr>
<td>12 November</td>
<td>Meta-Synthesis</td>
<td>Vicky Bird, Sima Sandhu</td>
<td>Newham</td>
</tr>
<tr>
<td>3 December</td>
<td>Thematic Analysis</td>
<td>Vicky Bird</td>
<td>Newham</td>
</tr>
</tbody>
</table>

Carers’ Involvement in Acute Mental Health Treatment

By Aysegul Dirik, Research Assistant, Unit for Social and Community Psychiatry

The term “carer” refers to, “anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support”. Carers can be anyone who become a carers when someone are close to become unwel. The use of the term “carer” is still debated in the field of mental health and some practitioners are not sure that it can imply a one-sided relationship based on dependency. However, the term can also be a very useful way of identifying the individuals that make up a carers’s support network, as these individuals are not always recognised and unexpressed needs of their own. Using a general term such as “carer” can also allow clinicians, researchers and policymakers to focus on the experiences of these groups, individuals and to identify any common issues that occur.

People with mental health problems can be supported by their carers in a number of ways. From the most obvious ones, such as practical support, carers can help with everyday tasks such as managing medication and organising appointments. Emotional support is also critical, and it has more potential to present difficulties to carers and the amount of time spent on it can fluctuate greatly depending on the emotional stability of the carer. The patient’s condition can influence the way carers help. For example, if the patient is in a crisis, the carer’s support will be more focused. A carer’s support may be needed for longer periods of time if the patient is more unwell. The use of the term “carer” can also help researchers and policymakers to focus on the experiences of these groups, individuals and to identify any common issues that occur.

The patient’s condition can influence the way carers help. For example, if the patient is in a crisis, the carer’s support will be more focused. A carer’s support may be needed for longer periods of time if the patient is more unwell. The use of the term “carer” can also help researchers and policymakers to focus on the experiences of these groups, individuals and to identify any common issues that occur.

The competition is run by the National Coordinating Centre for Public Engagement (NCCPE). The project is facilitated by Professor Alan Simpson, the 13-member group consists of mental health service users and carers recruited via East London NHS Foundation Trust and local organisations. Members of the group receive education and training. They are provided with honorary university contracts, access to the library, computers and facilities, and are remunerated for involvement.

Who are the carers and who are the carers? The group has been a great success with consultations with service users and carers resulting in changes and improvements in research funding applications. Members have also helped to address ethical issues, refined and tested research instruments; analysed and interpreted findings; and helped disseminate results. Due to its impact, the model has also been adapted by a team of academics working with patients and carers in kidney care, including haemodialysis and transplants.

The researchers received the Awards in a ceremony on 11 June 2014 at the Natural History Museum.

Electronic submission must be completed on the same day as the booking is made. So applicants must ensure that their application is ready to submit (i.e. forms checked, supporting documents attached and electronic authorisations in place) before phoning to book their application. Any pre-submission advice should continue to be sought from local IRAS REC offices.

Notice of substantial amendments form are still created in IRAS but they are not electronically submitted; submission of these forms continues to be via email.

Keeping up to date


Upcoming Events

Research Training Sessions

The Academic Unit at the Newham Centre for Mental Health holds fortnightly training sessions on a variety of topics of interest to those undertaking research in the NHS. The training is held from 11:00-12:00 on a Wednesday in the Lecture Theatre; for more information, contact Hana Pavlickova by email at Hana.Pavlickova@eastlondon.nhs.uk

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Presented by</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 September</td>
<td>Developing a protocol</td>
<td>Vicky Bird</td>
<td>London NHS FT</td>
</tr>
<tr>
<td>8 October</td>
<td>Digital storytelling</td>
<td>Rose Thompson</td>
<td>East London</td>
</tr>
<tr>
<td>29 October</td>
<td>Searching and Assessing Eligibility</td>
<td>Vicky Bird</td>
<td>Newham</td>
</tr>
<tr>
<td>12 November</td>
<td>Meta-Synthesis</td>
<td>Vicky Bird, Sima Sandhu</td>
<td>Newham</td>
</tr>
<tr>
<td>3 December</td>
<td>Thematic Analysis</td>
<td>Vicky Bird</td>
<td>Newham</td>
</tr>
</tbody>
</table>

Carers’ Involvement in Acute Mental Health Treatment

By Aysegul Dirik, Research Assistant, Unit for Social and Community Psychiatry

The term “carer” refers to, “anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support”. Carers can be anyone who become a carers when someone are close to become unwel. The use of the term “carer” is still debated in the field of mental health and some practitioners are not sure that it can imply a one-sided relationship based on dependency. However, the term can also be a very useful way of identifying the individuals that make up a carers’s support network, as these individuals are not always recognised and unexpressed needs of their own. Using a general term such as “carer” can also allow clinicians, researchers and policymakers to focus on the experiences of these groups, individuals and to identify any common issues that occur.

People with mental health problems can be supported by their carers in a number of ways. From the most obvious ones, such as practical support, carers can help with everyday tasks such as managing medication and organising appointments. Emotional support is also critical, and it has more potential to present difficulties to carers and the amount of time spent on it can fluctuate greatly depending on the emotional stability of the carer. The patient’s condition can influence the way carers help. For example, if the patient is in a crisis, the carer’s support will be more focused. A carer’s support may be needed for longer periods of time if the patient is more unwell. The use of the term “carer” can also help researchers and policymakers to focus on the experiences of these groups, individuals and to identify any common issues that occur.

The competition is run by the National Coordinating Centre for Public Engagement (NCCPE). The project is facilitated by Professor Alan Simpson, the 13-member group consists of mental health service users and carers recruited via East London NHS Foundation Trust and local organisations. Members of the group receive education and training. They are provided with honorary university contracts, access to the library, computers and facilities, and are remunerated for involvement.

Who are the carers and who are the carers? The group has been a great success with consultations with service users and carers resulting in changes and improvements in research funding applications. Members have also helped to address ethical issues, refined and tested research instruments; analysed and interpreted findings; and helped disseminate results. Due to its impact, the model has also been adapted by a team of academics working with patients and carers in kidney care, including haemodialysis and transplants.

The researchers received the Awards in a ceremony on 11 June 2014 at the Natural History Museum.

Electronic submission must be completed on the same day as the booking is made. So applicants must ensure that their application is ready to submit (i.e. forms checked, supporting documents attached and electronic authorisations in place) before phoning to book their application. Any pre-submission advice should continue to be sought from local IRAS REC offices.

Notice of substantial amendments form are still created in IRAS but they are not electronically submitted; submission of these forms continues to be via email.

Keeping up to date

The study highlighted the important role of loss and trauma in the development of externalising behaviours. This draws attention to the need for an in-depth and thorough assessment, including paying particular attention to documenting trauma histories, including domestic violence, parental conflict and significant losses within the family. The study also adds further support to systemic interventions which pay particular attention to issues around attachment and loss. There are also implications for family therapy, which considers the influence of several parental reports being referred for multiple, brief interventions which were framed as being ineffective and are likely to have added to the feelings of failure and rejection in the midst of a stressful family context. This highlights the need for services to consider the role of attachment and loss in influencing engagement and be pro-active in ‘stepping up’ care at referral points, rather than run the risk of perpetuating this negative cycle.

**Final thoughts**

For the authors this study highlighted the complex task of trying to make sense of children’s behavioural difficulties and the importance of frequently re-examining assumptions about the basis of these behaviours. Most of the parents believed that their children were completely unable to deal with trauma and that they had not adequately capture the emotional conflict that parents experience in trying to understand their child’s behaviour. The study showed that both parents and families need support to work through this conflict and trauma was essential in understanding children’s behaviour, and the underlying themes of shame, blame and fracture in relationships that made them unable to make sense of their children’s behaviour.

**Implications for practice and policy**

In addition, the study highlighted the need for interventions to be tailored to the needs of the families involved. This is particularly relevant in the current climate where there is a growing emphasis on personalised and child-centred approaches. The study also identified the importance of providing targeted support to vulnerable groups. The study also highlighted the need for services to consider the role of attachment and loss in influencing engagement and be pro-active in ‘stepping up’ care at referral points, rather than run the risk of perpetuating this negative cycle.

**Research in East London – Save the Date!**

Are you interested in the latest research taking place in the Trust? The Twelfth Annual East London Mental Health Research Day will be held from 14:00 to 17:00 in the Robin Brook Centre at St Bartholomew’s Hospital, in the afternoon of Wednesday, 1 October 2014. There is no need to register in advance and we hope to see you there.

**Research Governance to be reviewed**

The NHS has recently taken responsibility for the Department of Health for issuing guidance for research in England, has committed to not just update the current Research Framework (RF), but to fundamentally review the whole framework with an aim to having a single framework for research across the UK.

**Serious Gaming in Forensic Mental Health**

By Ali Nidji, research coordinator

Serious games provide virtual environments to explore role-play and problem-solving. Researchers of forensic mental health care from City University London (CUL) School of Psychology, alongside colleagues and professionals in serious gaming from CUL School of Informatics (Paul Hodge and Neil Maiden) and professionals in serious gaming for forensic mental health service users. Serious games are increasingly used as a tool in mental healthcare settings. In 2012 a study showed serious games to be a successful therapy instrument to self-control and emotional regulation; and a systematic review of evidence on games based learning and their effects indicates the wide range of positive cognitive and behavioural outcomes.

Forensic mental health services are charged with the duty to rehabilitate service users who pose a risk to the public; a risk to rehabilitate service users who pose a risk to the public; a risk to rehabilitate service users who pose a risk to the public; a risk to rehabilitate service users who pose a risk to the public.
Adverse events and deterioration reported by participants in a trial of therapies for chronic fatigue syndrome

By Dr Dominic Dougal, Consultant Psychiatrist, Newham Centre for Mental Health

Health problems occurring during clinical trials are often attributed to the treatments given in a trial. However, the attribution of new health problems to a treatment could be misleading when the illness is remitting and relapsing. In a trial such health problems may be recorded as adverse events, may be considered clinically serious or not, and may be considered a reaction to a trial treatment or not. To date there have been few studies which have looked to examine associations and predictors of adverse events in clinical trials. Our study explored this issue in patients with chronic fatigue syndrome (CFS) who participated in the PACE trial (White et al, 2011). This was a multicentre four arm randomised trial which was designed to compare the efficacy and safety of cognitive behaviour therapy (CBT), graded exercise therapy (GET) and adaptive pacing therapy (APT), each added to specialist medical care (SMC), against SMC alone. CBT and GET were designed to be rehabilitative whilst the goal of APT was to optimise adaptation to the illness by planning and pacing activities to avoid or reduce fatigue. Measures of safety included systematic assessments of adverse events (AEs), serious adverse reactions (SARs) and serious adverse events (SAEs). The PACE trial found that both CBT and GET were more effective than APT and any of these therapies were added to SMC, and also were more effective than SMC alone.

Our paper (Dougall et al, 2014) reported the more commonly reported non-serious adverse events (AEs), serious adverse reactions (SARs) and serious adverse events (SAEs). The PACE trial found that both CBT and GET were more effective than APT (when any of these therapies were added to SMC, and also were more effective than SMC alone).

In our analysis we compared the number of participants if a new illness or health event had occurred since the last assessment. For example if a participant had visited their GP, attended hospital or had commenced medication. Spontaneously reported AEs were also recorded. In our analysis we compared the numbers and nature of AEs between the four treatment arms. We examined associations of AEs with baseline measures such as demographic characteristics, depression and anxiety scales and a standardised psychiatric interview, physical symptom scales and measures of chronic fatigue. We also compared the proportions of participants who deteriorated by clinically important amounts, defined a priori. We found that serious adverse events and reactions were infrequent, whilst non-serious adverse events were common. The median number of SAEs associated with CFS, predicting subsequent SAEs in general and also SAEs attributed to CFS. Our finding that a diagnosis of a depressive disorder at baseline predicted increased reporting of SAEs is also consistent with previous studies that found negative affect was associated with SAEs specifically and having somatic symptoms in general.

However, in our studies, we did not find an association with anxiety, although at least one other trial has also failed to find an association between anxiety and adverse events. We also found that a higher BMI was associated with more NSAEs in general. Previous research has found that obese people generally report more physical and mental health related problems, although our finding may also have been due to our sample having a relatively high number of participants who were morbidly obese. We were unable to support our hypothesis that female participants are more likely to report adverse events.

In conclusion, we found no important differences in the frequencies of any of the adverse events between treatment arms, and no excess associated with either CBT or GET, which are both treatments that some patient groups have expressed concerns about, in terms of efficacy and safety. Clinically important deterioration occurred least often after the active rehabilitation interventions of CBT and GET and more often with the more adaptive APT. Our finding that the reporting of non-serious adverse events varied by recruitment centre has implications for the design of future trials. We have therefore suggested that research assessors require clear manualised guidance on the definitions of adverse events, and both training and supervision in the implementation of assessments. That baseline symptom count, having a depressive disorder and BMI were significantly associated with a greater number of NSAEs, independently of the treatment arm, also has both research and clinical implications for clinicians running trials, particularly those including patients with CFS. Adverse events in trials may more accurately reflect fluctuations in a condition, rather than reactions to interventions.

Studies recruiting in your trust
Has your brother or sister been affected by psychosis?
Has your sibling’s illness had an impact on your life?
Would you like more information and support to cope with your sibling’s illness?
If so, the E-Sibling Project could help you!!!

The E-Sibling Project is….
An online resource for brothers and sisters of people who are affected by psychosis. The website http://siblingspsychosis.org/ provides peer support and information on psychosis, coping and management strategies for common symptoms and ways to look after yourself. We want to find out whether it works in improving the sibling’s wellbeing and coping using a research design commonly called a trial.

What does it involve…
Using the online resource for 10 weeks. You’ll have access to the resource 24/7 and can use it whenever and however you like. You will also be asked to fill in some questionnaires online to see how you are feeling at the start, the end of and after 20 weeks of using the resource. We’ll also invite some participants for an individual interview. Participants will be paid £10 for their time and entered into a draw to win one of three vouchers for £100

Who can take part…
• A brother or sister of a person who developed psychosis within the last 3 years
• Aged over 16 years
• Have a good understanding of spoken English
• Have daily access to the internet
• Have weekly contact with your brother or sister (includes texts, phone calls, facebook etc…)
• Based in England

If you’d like to join or find out more…
• http://siblingspsychosis.org/
• Contact the study team – Tara Harvey 07872280283 or tara.harvey@nhs.net or tara.harvey@eastlondon.nhs.uk OR Jacqueline Sinn – Jacqueline.sinn@kcl.ac.uk

Follow us @ESiblingProject or https://www.facebook.com/SiblingProject

The SCoP regularly holds seminars to present to work of its members. These seminars are free, open to the public and held from 14:00-15:00 in the Lecture Theatre, Academic Unit, Newham Centre for Mental Health. For more information, call Caroline Ellis on 020 7540 4210.

Upcoming Events
Autumn/Winter Research Seminars in the Unit for Social & Community Psychiatry

Date | Title | Presented by
--- | --- | ---
15 September | Group music therapy for acute adult psychiatric inpatients | Catherine Carr
22 September | Care involvement in the treatment of psychosis | Ayepol Dink
29 September | COFI – Comparing functional and integrated systems of mental health care | Victoria Bird
6 October | EPoS – findings from the trial | Sent Giner
13 October | VOLUME – Existing volunteering schemes | Joyce Sette
20 October | FAIT – The follow-up on financial incentives for adherence to medication in non-adherent patients | Hana Parkinova
27 October | Development of a mobile health intervention using positive psychology for common mental health disorders | Sophie Walsh
Recruitment to trials and mental health care
10 November | Immediate social networks in people with psychosis | Paulyna Szyneczka
17 November | Group processes in therapeutic groups | Domenico Giacco
24 November | Built environment and mental health | Sima Sandhu
December | Video clip study and treatment expectations | Rose Thompson
22 December | FAIT – Financial incentives for adherence to medication in non-adherent patients experiences | Kate Moran

Holiday Internship
5 January | Comparing functional and integrated systems of mental health care – management of the COFI programme | Domenico Giacco
12 January | NESS – findings from the body psychotherapy for the treatment of negative symptoms trial | Mark Searl
19 January | EPoS – findings from the trial | Eoin Golden
26 January | Review on religious leaders involvement in mental health | Victoria Bird
Recent Publications

Notification of the following publications has been received since circulation of the last newsletter. Don’t be shy!! Please send copies of papers or reference details to the Research Office (ResearchOffice@eastlondon.nhs.uk) so they can be included in this list and made available to interested staff.