**Studies Currently Open at South West Yorkshire Partnership NHS Foundation Trust**

If you are interested in taking part in research, or knowing more about these studies please contact the lead person or email: research@swyt.nhs.uk

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| **Service Area** | **Study Title** | **Summary** | **Inclusion Criteria** | | **Exclusion Criteria** | **Lead Person / Contact** |
| Forensic Services | **IMPACT** Increasing Physical Activity in a Medium Secure Service | Determine the content and delivery of a co-produced and evidence–based intervention to increase physical activity in medium secure units. | **Overall description of study participants**  Staff and service users on medium secure units | | | Andy Sedgwick  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| •Staff and service users in medium secure units who have capacity to consent to research | | •Staff not working on medium secure units or service users not receiving care in medium secure.  •Individuals lacking capacity to consent to research. |
| Adult Mental Health | **PPiP2** Prevalence of neuronal cell surface antibodies in patients with psychotic illness | There is evidence that some cases of psychosis may be caused by a problem with the immune system. This study hopes to identify people for further investigation into this. | **Overall description of study participants**  Participants with a diagnosis of Psychotic Illness or current psychosis symptoms. | | | Andy Sedgwick  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| • Male or Female  • Age 16-70.  • Acute psychosis symptoms: lasting for at least the past two weeks but no longer than two years | | • Any other neurological disorders including multiple sclerosis, epilepsy, cerebrovascular disease, hydrocephalus, traumatic brain injury, meningo-encephalitis, systemic lupus erythematosus, CNS vasculitis.  • Pregnancy |
| Community  Mental Health | **DIAMONDS** Diabetes and Mental Illness, Improving Outcomes and Self-management | Support programme for people who have type 2 diabetes and a mental illness. The programme aims to help people to manage their conditions. | **Overall description of study participants**  Adults with Serious Mental Illness (SMI; schizophrenia, bipolar disorder, schizoaffective disorder) and type 2 diabetes (insulin and non-insulin treated). | | | Sabina Maas  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| • Aged 18 years or above.  • Diagnosed with severe depression or SMI (schizophrenia, bipolar disorder, schizoaffective disorder).  • Diagnosed Type 2 diabetes (insulin and non-insulin treated) of at least 3 month duration. | | • Less than 18 years of age.  • Non SMI diagnosis  • Non Type 2 diabetes (gestational or type1, or diabetes due to a specific genetic defect or secondary to pancreatitis or endocrine conditions).  • Individuals who have cognitive impairments |
| **GLAD** Genetic Links to Anxiety and Depression | The aim is to explore genetic risk factors in individuals who have suffered with or been diagnosed with depression and/or anxiety. | **Overall description of study participants**  Participants from the general population via advertisement on social media or via clinician referral from participating clinics | | | Osahon Ogbeiwi  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Participants who meet screening criteria for depression and anxiety and/or treated for depression or anxiety. * Participants who are aged 16 or over. * Participants who consent to be contacted about future recall studies based on their genotype and phenotype. * Participants who are currently living or have permanent residence in England, Scotland, Northern Ireland, or Wales | | * Less than 16 years of age. * Insufficient English language to understand and complete questionnaires. |
| **TIPD** A qualitative exploration of trauma-informed care for individuals with a diagnosis of borderline personality disorder: a service user perspective | The overall aim of this research study is to examine the views and experiences of adults currently receiving support from a trauma-informed personality disorder pathway in NHS secondary mental health services in the North of England. | **Overall description of study participants**  Individuals over the age of 18 years with a diagnosis of or difficulties aligned with Borderline or Emotionally Unstable Personality Disorder referred into the Trauma Informed Personality Disorder pathway (TIPD) in Kirklees. | | | Emmanuel Nwofe  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Individuals aged over 18 * with a diagnosis of or difficulties aligned with Borderline or Emotionally Unstable Personality Disorder * Referred to Kirklees TIPD * Capacity to provide informed consent to taking part | | * Inclusion criteria not met * Pose a high risk to be interviewed by a researcher * Heavy substance misuse |
| Child & Adolescence Mental Health Service (CAMHS) | **Combat** Community-Based Behavioural Activation Training (ComBAT) for Depression in Adolescents: Randomised Controlled Trial (RCT) with Economic and Process Evaluations | This project is the first in a series of work packages for a large five-year programme on BA for young people with mild to moderate depression. In this first project, we will produce standardised BA materials for young people and professionals who will support them, evaluate the BA intervention with a small group of 12-18 year olds and explore usual care provision in community settings. | **Overall description of study participants** | | | Aysia Illyas  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Are aged 12-18 years at the date of consent. * Score ≥65 on the depression subscale (10-items) of the Brief Revised Children’s Anxiety and Depression Scale (RCADS) (this is the standardised cut-off by which elevated symptoms of depression warrant further assessment and potential intervention). * Scores <15 on the PHQ-9A or answers ‘more than half of the days’ or ‘nearly every day’ to question 9 of the PHQ-9A or answers “yes” to either SQ3 or SQ4 of the PHQ-9A. * Provide consent, or assent along with their parent’s consent (if applicable), to participate in the study. | * Have severe depression or an increased risk of suicide, assessed with an interview by a clinical member of the ComBAT team. The assessment interview will only be carried out if the young person scores ≥15 on the PHQ-9A, or answers ‘more than half of the days’ or ‘nearly every day’ to question 9 of the PHQ-9A, or answers “yes” to either SQ3 or SQ4 of the PHQ-9A. * Meet criteria for secondary care (tier 3/high intensity therapy), other than risk of suicide or severity of the depressive symptoms, such as a learning disability or complex comorbid conditions, confirmed through a discussion with the referrer and the local secondary care team. * Cannot speak English and do not have a carer or other designated adult to translate the intervention and research materials, and to translate conversations during sessions with a professional. | |
| **Safety Nets** A feasibility study of a community based social prescribing intervention involving combined physical activity and psychoeducation for young people on mental health service waiting lists | This study aims to assess the feasibility for a future, fully powered, randomised control trial of Safety Nets. We aim to gather preliminary results of whether Safety Nets is clinically and cost-effective in improving health outcomes for adolescents with acute-mild depression and/or anxiety, to inform the future grant application. | **Overall description of study participants**  **11 - 16 year old young people on a CAMHS waiting list for treatment for depression/anxiety** | | | Helen Carter<mailto:research@swyt.nhs.uk>  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| • Be aged between 11 and 16 years  • Be on a CAMHS waiting list for treatment for low mood/depression or anxiety  • Be willing and able to travel to site (the local sports club ground)  • Be able to complete the English language outcome measures (or complete with assistance) and participate in the psychoeducation sessions effectively | | • Have an additional diagnosed mental health comorbidity  • Pose a threat to other children and/or staff (i.e. have a history of violence/aggression)  • Do not have the physical capacity to complete the physical element of the intervention  • The participant is unable to complete the English language outcome measures or cannot effectively participate in the psychoeducation sessions due to a language barrier which cannot be overcome |
| **SIB** Sleep-Impulsivity-Behaviour Study: understanding outcomes in children with autism and intellectual disability | The SIB study aims to better understand behaviour in children with autism and intellectual disability. It especially looks at quality of sleep and self-injurious behaviour through three interlinked studies. The study aims to be fun for the children taking part, through play-based activities and assessments and the wearing of an Actiwatch for 1-2 weeks to monitor sleep. | **Overall description of study participants**   * Children aged between 4 years and 15 years 9 months who have autism and intellectual disability | | | Rosie Henderson or Kyah McDonald [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Children aged between 4 years and 15 years 9 months * Has autism and intellectual disability * Children who do and do not self-injure | | * Has not been diagnosed with a genetic syndrome |
| Older Peoples Services (OPS) | **AQUEDUCT** Achieving Quality and Effectiveness in Dementia Using Crisis Teams: A Randomised Controlled Trial of a Resource Kit for Teams Managing Crisis in Dementia | The AQUEDUCT research programme aims to improve quality and effectiveness of care for people with dementia experiencing a mental health crisis, and to investigate consequential impact on hospital admissions and costs, and experiences for people with dementia and carers receiving input. | **Overall description of study participants**  OPS IHBTT Staff, People with dementia and carers | | | Sabina Mass  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| •Teams managing mental health crises in dementia in community settings, and practitioners, people with dementia and carers associated with these TMCDs. | | **•** Non-IHBTT Staff, individuals without dementia & carers of non-dementia individuals |
| **COGNOSPEAK** An automated cognitive assessment tool based on language (utilising automated speech recognition and Machine Learning) | There is an urgent need to ensure quicker access to specialist memory assessment for those likely to benefit. The aim of this longitudinal study is to understand whether patients with either memory complaints, suspected movement disorders, such as Parkinson’s disease, people who have suffered a Stroke and healthy volunteers can talk to computerised doctor (CognoSpeak) regarding their neurological health and whether early signs of Dementia can be detected. In time, this could lead to a change in diagnostic pathways whereby the digital Doctor prioritises those who need to see a specialist upon visiting their GP. | **Overall description of study participants**  Participants with Mild Cognitive Impairment will be identified from our participating site memory clinic(s), together with Healthy volunteers (to act as a control group) | | | Rosie Henderson or Phil Stewart  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Any patients referred to a participating site memory clinic with any suspected diagnosis (including but not limited to early Alzheimer’s Disease, Dementia with Lewy Bodies, Parkinson’s Disease with Dementia, Frontotemporal Dementia & Functional Cognitive Disorder). * Must have the capacity to consent. | | * People who lack the capacity to give informed consent. * People who are unable to communicate and understand written or spoken English sufficiently enough to follow the consent process. * People with very impaired speech production, such as severe dysphasia. * People with severe motor impairment that means they cannot respond to questions or ask for next question even with help of care-partner. |
| **NoDem** Practices, attitudes and outcomes of patients with memory complaints**.** | Little is known about the longer-term outcomes for individuals who experience memory problems who are discharged from Memory Assessment Services without a Dementia diagnosis. It aims: To identify triggers for initial referrals and any subsequent re-referrals to memory clinics of patients who end up with no dementia diagnosis following clinical assessment. To evaluate the attitudes, view and hopes of patients with memory problems but who end up with no dementia diagnosis following memory clinic assessment. To evaluate changes to medical, social and lifestyle practices throughout the year following a memory clinic assessment. To identify health and social outcomes for patients one year after receiving a memory clinic assessment. | **Overall description of study participants**  All patients discharged from a MAS (Memory Assessment Service) without receiving a dementia diagnosis will be invited to take part in the study. | | | Rosie Henderson or Nirmala Ragbir-Day  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| • Age > 50 years  • Mild Cognitive Impairment  • Subjective Memory Complaint  • Age Associated Memory Loss | | • Alcoholic dementia / memory symptoms in the context of severe alcohol dependence (based on clinical judgement)  • Brain injury  • Presentation linked to previously diagnosed and ongoing severe mental illness e.g. learning disabilities, schizophrenia, psychosis or bipolar disorder.  • Individuals who present with worries related to family history, but who have no memory problems themselves.  • Individuals who receive no memory diagnosis but receive a diagnosis of depression or anxiety. |
| **Resolv-D** Resilient strategies for people living with dementia at home | We want to understand the processes of resilience that people living with dementia and their informal (family or friend) carers use which ‘work well’ in enabling them to live at home safely despite the presence of safety issues or concerns. | **Overall description of study participants**  People living with dementia and their carers | | | Aysia Ilyas  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| **For family carers:**  • Current, unpaid, main informal carer (e.g. family member or friend in regular contact who is either next of kin or a ‘key decision maker’).  • English language skills sufficient to participate in interviews.  **For individuals with dementia:**  • Patients with a clinical diagnosis from the memory clinics of dementia.  • English language skills sufficient to participate in interviews. | | **For family carers:**  • Current, paid or formal carer.  • Non-English speaker  **For individuals with dementia:**  • Individuals who do not have a dementia diagnosis from a memory service.  • Non-English speaker |
| **GPS** Using GPS Trackers in dementia patients to improve quality of life | The purpose of this study is to investigate whether using GPS trackers can help people with dementia or mild cognitive impairment to live a better quality of life for longer in their own homes by mitigating the risks of harm from wandering behaviour. | **Overall description of study participants**  Individuals with a diagnosis of dementia or mild cognitive impairment who are under the Wakefield and Barnsley Memory services | | | Emmanuel Nwofe  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Individuals with diagnosed dementia or Mild Cognitive Impairment * Individuals must have a designated family member/close friend who will supervise use of the device including being able to access and use the accompanying software. * Participants must live within the Barnsley or Wakefield areas, served by Barnsley or Wakefield NHS memory services. * Individuals must be either living in their own homes or in supported accommodation. | | * Individuals notdiagnosed with dementia or Mild Cognitive Impairment * Individuals who don’t have a designated family member or close friend * Participants who don’t live in Wakefield or Barnsley * Individuals who don’t live in the community ie residential care home |
| Unpaid and informal carers will be eligible for inclusion. Participants need to have a close relationship with a service user who has had contact with mental health services and that has been given a diagnosis of any of the following: psychosis, schizophrenia, schizoaffective disorder, or delusional disorder. Any family member who identifies as being in some way responsible for the care and wellbeing of the service user will be eligible for inclusion. | | Paid or professional carers will be excluded from this study |
| Carers | **Section 17** Leave: Supporting unpaid carers | The objective of phase two of this study is to test the s.17 standard (developed during phase one) for signals of efficacy in order to inform a future feasibility trial. | **Overall description of study participants**  Study participants will be unpaid carers (family members or friends) of people with mental health problems who have been detained under s.2 or s.3 of the Mental Health Act (1983) across both intervention and control wards, plus managers, RCs and practitioners who are involved with implementing/using the new s.17 standard in practice in the intervention wards across all sites. | | | Andy Sedgwick  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Unpaid carers aged 18 years or older who provide regular, ongoing assistance to a person aged 18 years or older who is currently detained under s.2 or s.3 MHA. * Managers, practitioners and RCs who have been involved in implementation of the s.17 standard in the intervention wards and/or who have attempted to use the s.17 standard in practice. This will include staff from selected inpatient wards across different patient groups, and care coordinators and carers’ workers from the community, who have experience of working with service users and/or carers around s.17 leave. | | * Exclusion criteria for this study are the inverse of the inclusion criteria. * Poses a risk to others (as judged by mental health services or local authority) such that meetings with a mental health professional, social worker, support worker or researcher are not recommended; is currently an inpatient themselves or is currently not able to provide care; the person they provide care to has previously had s.17 leave during the current admission; or (for the second and third round of interviews) no period of s.17 leave is granted during the admission.   Recruitment will not be open to managers, practitioners and RCs from control wards |
| Learning Disability | **Why are we stuck in hospital?** Understanding service user, family and staff perspectives when transforming care for people with learning disabilities and/or autism | Understand the experiences of people with learning disabilities who have been stuck in long-stay hospital settings, their families and front-line staff | **Overall description of study participants**  Individuals with learning disabilities who have been stuck in long-stay hospital settings, their families and front-line staff | | | Andy Sedgwick  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| Individuals with learning disabilities and/or autism (aged 18 over) in long-stay hospital settings (and will include a family member, hospital care staff and a commissioner for each person with a learning disability and/or autism who agrees to take part). | | * Patients in accommodation not registered with the CQC as hospital beds. * Patients in beds for physical health care. * Patients who do not have either learning disabilities or autism. |
| Perinatal | **COSI C**ircle **o**f **S**ecurity **I**ntervention for mothers in perinatal mental health services | Randomised Controlled Trial (RCT) to test whether the Circle of Security-Parenting Programme (COS-P), a brief group therapy intervention, will reduce maternal mental health symptoms in mothers accessing specialist NHS community perinatal mental health services (PMHS) compared to treatment as usual (TAU). | **Overall description of study participants**  Women or birthing parents referred to perinatal services | | | Asyia Iilyas  [research@swyt.nhs.uk](mailto:research@swyt.nhs.uk) |
| * Are accessing a community PMHS from one of the recruiting sites. * Have a child aged 0-12 months with no severe illness or developmental disorder. * Score 1.1 or more as their average score on the Clinical Outcomes in Routine Evaluation-10 (CORE-10) [2]. * Score 12 or more on the Postnatal Bonding Questionnaire (PBQ) [3]. * Are aged at least 18 and are willing and able to give informed consent. * Are able to attend groups without being under the influence of substances. | | * Do not meet the inclusion criteria. * Do not have a minimum of conversational English. * Have received COS-P previously. * Are experiencing active psychosis. |