

Primary Care Mental Health Research Conference 2020

Mental Health: person and place



Abstract Book

DOI reference: 10.37361/sigpcmh.2020.1.1

DOI LINK: <https://sapc.ac.uk/doi/10.37361/sigpcmh.2020.1.1>

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Foreword

We were so looking forward to hosting the Primary Care Mental Health conference in May this year, at the University of York. This conference has been held annually for the past 15+years, with different institutions taking it in turns to host. This year the conference was linked with the Society for Academic Primary Care (SAPC) Mental Health Special Interest Group (SIG) (<https://sapc.ac.uk/special-interest-group/mental-health-no-health-without-mental-health>), and was supported financially by SAPC.

We had two excellent keynote speakers lined up – Dr Joseph Firth from the University of Manchester, and Dr Joana Cruz from the University of York. We are hoping that they will accept our invitation for next year’s conference.

We had to take the very difficult decision to cancel the conference due to the COVID-19 pandemic. In order to recognise the hard work of everyone who submitted an abstract, this document collates and provides a record of all the abstracts received. We hope that you will include your submission on your CV.

We look forward to hosting the conference in York in 2021, and will be announcing the date very soon.

With best wishes,

Simon Gilbody, Carolyn Chew-Graham, Katrina Turner, Ruth Wadman, Jo Orchard, Peter Coventry, Dean McMillan, Lina Gega, Emily Peckham (organising committee)

Trends in the recording of anxiety in UK primary care: a multi-method approach

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Background

Anxiety disorders are common. Between 1998 and 2008, GP recording of anxiety symptoms increased, but recording of anxiety disorders decreased. However, it is not known whether such trends have continued and what influences GPs' coding decisions. The aim of this study was to examine recent trends in recording of anxiety in UK primary care, and to understand the factors influencing how GPs choose to code.

Methods

We used data from adults aged 18 years and over, registered with general practices in the UK that contributed to the Clinical Practice Research Datalink (CPRD) between 2003-2018. Incidence rates and 95% confidence intervals (CIs) were calculated for recording of anxiety symptoms and diagnoses. In addition, interviews were conducted with 15 GPs, using a topic guide to ensure consistency. Interviews were audio-recorded, transcribed verbatim and analysed thematically.

Findings

The dataset included 176 practices, with 2,569,153 patients contributing 27,533,434.90 years of follow-up. The incidence of anxiety symptoms rose from 6.21 to 14.66/1000PYAR from 2003 to 2018. Between 2003-2008, the incidence of anxiety diagnoses fell from 13.15 to 10.13/1000PYAR; markedly increasing between 2014 and 2018 to 15.31/1000PYAR. When interviewed GPs said they preferred symptom codes to diagnostic codes to avoid assigning potentially stigmatising labels, and commented on a rise in anxiety in recent years, especially in young people.

Take-home message

The earlier decline in recording of anxiety diagnoses may have been due to a reluctance to use stigmatising labels. However, anxiety diagnoses and symptoms have increased recently, which may reflect increased presentation to primary care, especially in younger people.

How do people of South Asian origin with long-term physical conditions understand, experience and seek help for emotional distress? A systematic review.

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Background

People with physical-mental comorbidity have a poorer quality of life, worse clinical outcomes and increased mortality than those with physical conditions alone. People from some ethnic groups are less likely to recognise symptoms which may represent mental health problems. South Asians (SAs) are the largest minority group in the UK, and are more likely to have certain long-term conditions (LTCs) such as diabetes and heart disease. This systematic review will synthesise studies that explore perceptions of emotional distress in, and help-seeking by, SAs with LTCs. Emotional distress encompasses distress which can cause significant suffering but not be diagnosed as a mental health problem.

Methods

Eight databases were searched for qualitative studies exploring emotional distress in SAs with diabetes or coronary heart disease, within primary and community care settings worldwide. 3,910 studies reduced to 2,581 after de-duplication. Two reviewers separately undertook title and abstract screening. 27 studies included for full text screening. Data extraction will occur independently; the CASP checklist will be used to review the quality of the papers. Thematic synthesis will be undertaken and GRADE-CERQual used to assess the overall strength of evidence.

Findings

The initial findings of this synthesis will be presented at the conference.

Take-home message

The review will provide a greater understanding of SAs' conceptualisation of emotional distress in the context of physical LTCs, leading to improvement in the recognition and management of emotional distress. The research has the potential to influence policy-makers and commissioners about service provision for this patient group.

Hassan Awan is a Wellcome-funded PhD Fellow.

The incidence of anxiety and depression in children and young people with life-limiting conditions

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Background

There are few studies which have assessed the incidence of anxiety and depression in children and young people (CYP) with life-limiting conditions (LLC). This study aimed to compare the incidence of anxiety and depression in CYP with LLCs to that among CYP with chronic diseases and those with no long-term condition.

Methods

A retrospective cohort study using data from Clinical Practice Research Datalink and linked hospital data (2007-2017). CYP (5-18 years) were categorised into three groups; those with LLCs, those with chronic diseases and those with no long-term conditions. Crude and adjusted incidence rates (IR) were calculated for depression and anxiety for each group.

Findings

25,284 CYP were included in the analysis; 5,687 with a LLC, 6,665 with a chronic condition and 12,932 with no long-term condition. The IRs of depression were 2.80 per 1000 person-years, 3.63 per 1000 person-years, and 1.49 per 1000 person-years, respectively. The adjusted depression IRRs were 1.44 (95% CI: 1.05-1.97), and 2.01 (95% CI: 1.52-2.66) comparing CYP with LLCs and chronic conditions to CYP with no long-term condition, respectively. The IR of anxiety was also highest in CYP with chronic conditions (5.41 per 1000 person-years), and CYP with LLCs (4.62 per 1000 person-years), with adjusted anxiety IRRs of 1.91 (95% CI: 1.53-2.38) and 1.63 (95% CI: 1.28-2.08), respectively, when comparing these groups to CYP with no long-term condition.

Take-home message

The incidence of anxiety and depression was higher in CYP with chronic and LLC conditions compared to those without a long-term condition.

What are the barriers and facilitators to the discussion of anxiety in the primary care consultation?

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Background

Anxiety is under-recorded and under-treated in the UK and is under-represented in research compared with depression. Detecting anxiety can be difficult because of co-existing conditions. GPs can be reluctant to medicalise anxiety symptoms and patients can be reluctant to disclose them. This mixed-methods research addresses the gap in evidence of real-life consultations of patients with anxiety and explores how physical and psychological symptoms are discussed and prioritised by patients and GPs in primary care consultations.

Findings

Seventeen patients with anxiety symptoms (GAD-7 score ≥ 10) completed a questionnaire, had their consultation video-recorded and took part in a semi-structured interview. Four GPs were interviewed. The main themes that emerged from GP and patients accounts as barriers and facilitators to discussing anxiety mostly mirrored each other. The GP/patient relationship and continuity of care was the main facilitator for the discussion of anxiety in the consultation. The main barriers were: attribution of or unacknowledged symptoms; co-morbidities; and time constraints. GPs overcame these barriers by making repeat appointments and employing prioritising techniques; patients by choosing an empathetic GP.

Take-home message

The findings suggest that the discussion around anxiety is a process negotiated between the patient and the GP influenced by a range of barriers and facilitators. Co-existing depression and health anxieties can mask anxiety symptoms in patients. Good practice techniques such as bringing back patients for appointments for continuity of care and understanding can help disclosure and detection of anxiety symptoms.

Effectiveness of Health Education Programmes in reduction of alcohol abuse among young people

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Background

Alcohol is considered to be the most popular drug abused by young people. Harmful drinking habits are observed to have increased between 1992-2002 years in youth. Many people especially youth use alcohol to boost up their self-esteem and enable them cope up with their problems and others due peer pressure.

Methods

This literature review includes randomised controlled clinical trials (RCT) and systematic reviews. Studies with a follow up of at least 6 months and above from the baseline were included. People between 13 and 35 years old in both industrialised and developing countries have been included in this study. Different alcohol prevention approaches have been considered in this review. All studies related to alcohol abuse reduction have been included to this literature review in order to different types of substance abuse. The CINNAHL, PsychInfo and Medline data bases were search and some limiters were set to filter the search results. In addition, relevant websites and the reference lists of papers were looked at. The journals and other relevant papers (e.g. magazines) talking about effectiveness of health education programmes were hand searched.

Findings and take-home message

The evidence shows that health education programmes have a tangible impact in reduction of alcohol misuse and alcohol related problems among youth. Therefore, different activities were proposed such alcohol education and awareness campaigns, social norms interventions, extracurricular activities and brief motivational interviewing.

Persistent physical symptoms and the self: qualitative analysis of consultations and patient interviews.

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Background

The uncertain and contested nature of Persistent Physical Symptoms (PPS) makes the relationship between illness and identity particularly complex. The idea that symptoms are ‘medically unexplained’ leads to constant identity negotiation and avoidance of being ‘illegitimately ill’. Attributing PPS to psychosomatic causes may be particularly threatening to identity.

Methods

Multiple Symptoms Study 3 is a multi-centre trial of an Extended-Role GP intervention for patients with PPS. Embedded in this is qualitative research to understand how the intervention works in practice. Consultation transcripts and participant interviews are inductively analysed, drawing on phenomenology and grounded theory. Here we describe an analysis of how patients describe symptoms in relation to their identity.

Findings

We identified three types of relationship between symptoms and identity through the way that patients speak about physical symptoms, representing the level at which symptoms have impacted upon the sense of self. This may have implications for the approach to treatment, with CBT being more appropriate with patients whose sense of self is intact, while validation and rediscovering the “true self” may be more appropriate for patients whose identity has been more affected.

Take-home message

Patients indicate, through the way they speak about physical symptoms, the relationship between their symptoms and their self. We suggest that the patterns described here can help us understand those relationships and has implications for the delivery of care to these patients.

Managing depression and anxiety in frail older people: A qualitative study

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Background

Depression and anxiety are common in frail older adults and are associated with poorer quality of life and higher risk of decline. We aimed to explore frail older adults' experiences of depression and anxiety, views regarding help-seeking, and ways in which services could be adapted to better meet their needs.

Methods

Semi-structured interviews with 28 frail older people, exploring symptoms of anxiety/depression, interactions with physical health and views about help-seeking, treatments and what might help in future. We audio-recorded and transcribed each interview and used thematic analysis to inductively derive themes.

Findings

Frail older people had low expectations of their own wellbeing at this point in life and felt that treatments would make little difference. Feeling low/anxious was self-managed through meaningful activities, cognitive strategies and social support. Although participants were willing to seek help for severe depressive symptoms, anxiety was usually normalised despite strongly affecting some participants' lives and help was less often sought for this. Many participants felt they lacked mental health knowledge and expressed greater willingness to try therapies endorsed by others with more expertise (usually their GP). Any talking therapy had to be perceived as appropriate for older people (particularly regarding coping with physical health problems and their life context); enhancing independence through improving coping skills and problem solving; and accessible for frail older people.

Take-home message

Mental health services for frail older adults need to ensure they address late-life anxiety as well as depression, access/knowledge barriers and promote independence and problem-solving.

This project was funded by the NIHR School for Primary Care Research. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Effectiveness of collaborative care in reducing suicidal ideation: An Individual Participant Data Meta-Analysis.

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Objective

To assess whether collaborative care (CC) is more effective in reducing suicidal ideation in people with depression compared to usual care, and examine whether patient factors (demographics and chronic physical conditions) moderate the treatment effects.

Methods

We searched Medline, Embase, Pubmed, PsycINFO, Cinahl, and Central, and references from relevant systematic reviews from inception to November 2019. Randomised controlled trials (RCT) that compared the effectiveness of CC with usual care in adults with depression, and reported changes in single dichotomous items of suicide ideation at 4 to 6 months post-randomization.

Data extraction and synthesis

Individual participant data on baseline demographics and chronic physical conditions as well as baseline and follow-up suicide ideation were requested from authors of eligible studies. Suicidal ideation items were extracted from validated measures of depression, such as the PHQ9, HAMD and BDI. Since numerous different scales were identified, we analysed the study effects as standardised mean differences (SMDs) with corresponding 95% confidence intervals (CIs). Mixed effect-models accounted for clustering of participants within trials and heterogeneity across trials. Interaction terms were introduced to examine effect heterogeneity across age, gender and the presence, number and type of chronic physical conditions.

Results

Individual participant data were obtained from 27 RCTs (comprising 9,788 patients). We observed a small but statistically significant effect of CC on suicidal ideation, compared with usual care (SMD = -0.11, 95% CI -0.15 to -0.06; I²=0.3%, 0.01% to 10.4%). Age (interaction, -0.11 [95%CI -0.19 to -0.02]) and number of chronic medical conditions (interaction, -0.02 [95%CI, -0.04 to -0.01]) moderated the effect of CC on suicidal ideation. CC was effective for reducing suicidal ideation among older people (>65 years) (SMD = -0.18, 95% CI -0.25 to -0.11, 3,161 patients) and in people with two or more comorbid chronic physical conditions (SMD, -0.14 [95%CI, -0.19 to -0.08]). CC was not found to be effective

in reducing suicidal ideation in people aged below 65 or people with no comorbid chronic physical conditions. Gender did not moderate the effect of CC on suicidal ideation.

Conclusion and relevance

This is the largest study to date demonstrating that CC is effective for reducing suicidal ideation. CC is particularly suited for managing suicidal ideation among primary care patients who are older and have multiple chronic physical conditions. The benefits of CC for suicidal ideation among these patient subgroups are at least as high as the overall benefits of CC for depression.

Identifying factors that support ageing well with chronic pain in rural environments: an exploratory study

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Background

Over half of people in the UK aged 75 years and above experience chronic pain (CP) (pain lasting three or more months). CP can impact activities of daily living, quality of life and independence. Rural perspectives on ageing with CP are rare despite demographic trends indicating rural populations are ageing faster than urban populations and with an increasing prevalence of long-term painful conditions. There is a popular perception that rural older people are a relatively advantaged social group. However, evidence suggests older people in rural areas experience worse long-term health outcomes and face complex decisions regarding access to healthcare.

Aim

To explore the lived experiences of rural older people with CP to better understand the adaptive processes they draw on to age well.

Methods

Our approach was framed by the ecological model of wellness developed by Winterton et al. (2016). We used semi-structured interviews and follow-up methods (photo-elicitation and ethnographic methods) to develop an in-depth understanding of interactions between older people, CP and rurality. Participants were recruited from across the Staffordshire Moorlands.

Findings

Eight participants (four women, four men, mean age= 78yrs). Constructivist grounded theory guided analysis. Three key concepts were identified, each an on-going process of (re)negotiating relationships between health and rurality: 'Life coming inwards', 'Managing CP', and 'Maintaining meaning'.

Take-home message

Rural environments played supportive and unsupportive roles (at multiple levels) for individuals ageing with CP. Implications for our understanding of processes of ageing well, future research, and policy and service provision are discussed.

Improving awareness and support for the mental health needs of people with chronic pain: optimising three prototype interventions developed in a Musculoskeletal Interface Service.

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Background

Chronic pain (pain of three or more months) is reported to affect one-in-three people in the UK. People with long-term physical health conditions, such as osteoarthritis, are two-three times more likely to experience a mental health problem compared to the general population. Under-recognition and management of co-morbid mental health problems for people experiencing chronic pain has been reported; this can have negative implications for pain self-management.

Aim

Develop and optimise three prototype interventions to improve awareness of and support for mental health needs of people with chronic pain.

Methods

Study takes place in the Musculoskeletal Interface Service (MIS), Haywood Hospital (Stoke-on-Trent). 'Community of Practice' methodology involving a diverse range of stakeholders: service users, MIS healthcare professionals (HCPs) and volunteers, and academics. Stakeholders discussed opportunities to improve care to support the mental health needs of service users and co-produced interventions.

Findings

HCPs and volunteers revealed a lack of confidence to discuss mental health problems with service users and a lack of awareness about local mental health services. Service users revealed a reluctance to disclose mental health problems in what they perceived as physical health settings. Three interventions were co-produced: (1) mental health and pain awareness training, (2) video animation to support service users to seek help about mental health, and (3) information repository of local mental health services. Refinement and evaluation continues.

Take-home message

Our package of 'simple' interventions enable clinical staff and service users to utilise physical health care settings as safe spaces to raise mental health concerns.

Using the Patient Health Questionnaire-9 to screen for major depression: an individual participant data meta-analysis

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Background

The Patient Health Questionnaire-9 (PHQ-9) has been recommended for screening to identify patients with depression. Conventional meta-analyses, however, have been limited by selective cutoff reporting in primary studies, have not examined accuracy for different reference standards or participant subgroups, and have not examined the PHQ-2 as a pre-screen for the full PHQ-9. Individual participant data meta-analysis (IPDMA) has the potential to overcome these challenges. This study aimed to evaluate PHQ-9 accuracy via IPDMA.

Methods

Databases were searched for studies that compared PHQ-9 scores to major depression classification from validated diagnostic interviews. Participant- and study-level data were synthesized. For PHQ-9 cutoffs 5-15, pooled sensitivity and specificity were estimated for different reference standards and among subgroups based on participant characteristics. Accuracy was also estimated for the PHQ-2 as a pre-screen for the full PHQ-9.

Findings

Data were obtained for 58 studies (17,357 participants, 2,312 major depression cases). PHQ-9 accuracy compared to semi-structured interviews was greater than compared to other interviews. A cutoff of ≥ 10 maximized combined sensitivity (0.88) and specificity (0.85). There were no significant differences in accuracy across subgroups. PHQ-2 ≥ 2 followed PHQ-9 ≥ 10 had similar accuracy to PHQ-9 ≥ 10 alone but reduced the number of participants needing to complete the full PHQ-9 by 57%.

Take-home message

PHQ-9 ≥ 10 maximizes combined sensitivity and specificity, regardless of participant characteristics. A lower or higher cutoff may be preferred if either sensitivity or specificity is to be prioritized. Using PHQ-2 ≥ 2 prior to administering the full PHQ-9 may be a resource-efficient approach.

Feasibility trial of a trauma-specific mindfulness intervention for survivors of domestic violence and abuse with post-traumatic stress disorder

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Background

Women survivors of domestic violence and abuse (DVA) are seven times more likely to develop post-traumatic stress disorder (PTSD) than other women. Although evidence-based psychological interventions for PTSD are effective, attrition rates are high. We developed a trauma-specific mindfulness-based cognitive therapy (TS-MBCT) course and plan to test it in a randomised clinical trial (RCT). This study aimed at establishing the feasibility of the definitive trial.

Methods

A feasibility RCT with pre-specified criteria and a traffic light system for progression to a definitive trial. Survivors with PTSD were recruited from a DVA agency and randomised 2:1 to receive TS-MBCT or self-referral to the NHS IAPT service. We evaluated recruitment and retention rates and the acceptability of the intervention and trial design.

Findings

We met 6 of our 7 progression criteria at the green level, and one, recruitment, at amber. In total, 109 DVA survivors were referred to the study. We screened 85 and recruited 20 (18%). The recruitment ratio was below the target of 30%. Survivor's readiness to engage with a psychological intervention and group schedule were the main factors behind the low recruitment ratio. Survivors suggested extending recruitment to other DVA agencies and general practices, community midwives and social workers. Intervention acceptability, uptake and retention were high. The follow up rate was 75%, and these participants completed all their assessments.

Take-home message

It is feasible to conduct a definitive trial of TS-MBCT. Recruitment procedures require refinement. Recruitment sites should include multiple DVA agencies and NHS settings to identify enough DVA survivors who are ready to engage with psychological treatment.

Is the community pharmacy a suitable place to offer a depression prevention intervention for adults with mental-physical comorbidity? A feasibility study and pilot randomised controlled trial (CHEMIST)

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Background

Depression is 2-3 times more likely in people with long-term conditions (LTCs), resulting in poorer outcomes, reduced quality of life, and increased healthcare costs. Sub-threshold depression is prevalent in people with LTCs but often remains untreated. Community pharmacy may be an alternative setting to offer psychological support.

Methods

The Enhanced Support Intervention (ESI) involved up to six sessions (Behavioural Activation) delivered by trained pharmacy staff (ESI facilitators). Participants were all offered the ESI (feasibility study) or were randomised to the ESI or usual care (pilot RCT). Outcomes included recruitment and retention rates, ESI engagement and depression severity (Patient Health Questionnaire-9) at four months. Semi-structured interviews were conducted with participants, pharmacy staff/ESI facilitators and GPs.

Findings

Feasibility study: Twenty-four participants were recruited. Seventeen participants commenced the ESI; all completed ≥ 2 sessions. At four months, retention was 83% and depressive symptoms decreased slightly. The ESI was found to be acceptable and the community pharmacy was viewed as an appropriate setting to offer a psychological intervention.

Pilot RCT: Forty-four participants (target 100) were recruited (24 ESI; 20 usual care). Eighteen participants commenced the ESI; 16 completed ≥ 2 sessions. At four months, retention was 93%; depressive symptoms reduced slightly overall, with a slightly larger reduction in the usual care group. Good acceptability of the ESI was reported; barriers were identified with implementation of recruitment and study processes.

Take-home message

Community pharmacy represents a new setting for mental health research. Despite good retention rates and ESI engagement, recruitment was a challenge, which has implications for a definitive RCT.

CHEMIST was funded by the National Institute for Health Research Public Health Research Programme (14/1869/11).

The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

When ‘self-help’ causes harm- lessons from domestic violence and abuse (DVA) survivors and practitioners

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Background

We sought the opinions of DVA survivors and practitioners working in DVA and mental health on a trauma-specific mindfulness-based intervention (ts-MBI).

Methods

Semi-structured interviews were conducted with 7 DVA survivors and 13 practitioners identified via organisations working in mental health and DVA in England. The interviews were conducted as part of the intervention refinement phase of the coMforT (Mindfulness for Trauma) study. Interviews were audio-recorded, transcribed, coded in NVIVO and analysed using a thematic analysis method. Themes evolved through joint analysis of the data and preliminary coding categories between HM (a GP ACF), AM, (a mindfulness expert and qualitative methodologist), and NL, (a clinician and domestic violence expert).

Findings

Mindfulness therapies were described as ‘powerful, yet dangerous’. It was identified that mindfulness may ‘not be for everyone’ because of the associated risks including dissociation, triggering and hyperarousal. Timing, level of processing of trauma, and readiness to engage were felt to be of paramount importance for any therapeutic modality to be of benefit to DVA survivors.

Take-home message

In part due to resource limitations, GPs are frequently encouraged to signpost patients to various generic ‘self-help’ resources, including mindfulness resources. Prevalence of DVA and other types of complex trauma in the general population is high, affecting around 1 in 4 individuals. For these people, these resources may cause more harm than benefit. Selective use of these resources and appropriate safety-netting is therefore vital.

Developing a Culturally Adapted Intervention to Improve Cognitive Functioning in British South Asians with Dementia: A Protocol

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Background

The World Health Organisation states, 'Dementia is a global public health challenge.' it is a progressive disease with no cure. Non-pharmacological interventions such as Cognitive Stimulation Therapy and Reminiscence Therapy are recommended by NICE to support individuals living with dementia. However the 'one size fits all' approach does not allow all individuals living with dementia to benefit from these interventions. There is a need for culturally appropriate and acceptable interventions for the ethnic minority community in the UK. The proposed project will be focused on the Urdu speaking British South Asian population. According to the Office of National Statistics, Urdu is the fourth most spoken language in the UK, with 269,000 Urdu speaking individuals residing in England and Wales. This number is likely to have increased since the survey was conducted in 2011. The aim of the project is to select and culturally adapt the appropriate treatment (Cognitive Stimulation Therapy or Reminiscence Therapy) for Urdu speaking British South Asians with dementia using previously conducted systematic reviews and qualitative methods.

Methods/Analysis

The manual will be developed using qualitative methods such as focus groups and a consensus process meeting with lay healthy Urdu speaking British South Asians and service providers and experts with experience with British South Asians. A PPIE group will include individuals with mild to moderate dementia will also be held to gain their views and opinions on the adapted intervention. Framework analysis will be used to analyse the data.

Prognostic models for predicting relapse or recurrence of depression: results from a Cochrane Prognosis Review

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Background

Relapse is common in people with depression and leads to poor longer-term outcomes and quality of life. We aim to develop a primary care-based prognostic model to identify patients at increased risk of relapse. This would allow relapse prevention interventions to be targeted at higher-risk individuals. A recommended first step in prognostic model development is a systematic review of existing models. This is the first systematic review of prognostic models for relapse of depression.

Methods

The methodology is informed by most recent guidance in prognosis research. We searched electronic medical databases and identified models predicting relapse and related outcomes in populations of adults diagnosed with depression and subsequently meeting criteria for remission. Data were extracted using the Checklist for Critical Appraisal and Data Extraction for Systematic Reviews of Prediction Modelling Studies (CHARMS) and risk of bias assessed using the Prediction model risk of bias assessment tool (PROBAST).

Findings

The review is currently ongoing and the results will be first presented at the Primary Care Mental Health Conference 2020.

Take-home message

The results will inform future work to improve risk-stratification in primary care to improve clinical outcomes and quality of life for patients and allow more targeted use of NHS resources. We will either update an existing model with sufficiently promising predictive performance or the findings of this review will guide the development of a novel prognostic model. This will be done with input from key stakeholders, including patients and the public, for implementation in a UK primary care setting.

This report is independent research supported by the National Institute for Health Research (NIHR Doctoral Research Fellowship, Dr Andrew Moriarty, DRF-2018-11-ST2-044). The views expressed in this publication are those of the authors and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health and Social Care.

Working in a new way? Introducing Mental Health Practitioners into an IAPT service: one year on.

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Manchester Primary Care Psychological Therapies Service (MPCPTS) has been an established IAPT service for many years. Within the service we have identified that a significant barrier to successful engagement with psychological therapy is often the presence of complex social and practical needs. We also identified a need to improve links with community organisations and improve access to therapy for underrepresented client groups. The introduction of the Mental Health Practitioner role within the MPCPTS aimed to address clients' practical and social needs and strengthen community links thereby improving effective access to and engagement in therapy. In doing so also aiding meaningful recovery for clients, developing their own community engagement and receiving appropriate support for their needs.

The proposed poster will outline the introduction and implementation of the Mental Health Practitioner role within a Step 3 and 3+ IAPT service in Manchester as a way of supporting people with these practical and social barriers to therapy. It will include examples of this in practice and feedback from professionals and clients in the service following the implementation of the role over the first 12 months, as well as some quantitative data from client outcomes.

Reflections on the challenges of implementing the role and future directions will be considered. This poster will be of interest to other IAPT services looking for innovative ways to adapt to meet the challenges IAPT services face.

Key perspectives on the use of telephone to deliver psychological interventions in the Improving Access to Psychological Therapies services.

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Psychological treatment by telephone is recommended by the National Institute for Health and Care Excellence (NICE) for mild to moderate depression and anxiety, and forms a key part of the Improving Access to Psychological Therapy (IAPT) programme in the UK. Maintaining the accessibility of treatment in the face of increasing demand poses challenges for services. Telephone delivery of treatment can help alleviate the pressure. However, despite evidence for clinical effectiveness, patient engagement is often not maintained. Two studies exploring key perspectives on telephone treatment were undertaken as part of a wider programme of work to enhance the delivery of treatment by telephone (NIHR EQUITY Programme). Local and national decision makers and patients were interviewed about their views on the implementation of telephone treatment (decision makers) and the experience of receiving telephone treatment (patients). Data showed a mismatch between policy and national objectives, local implementation, and patient expectations and experiences of telephone treatment. While national-level decision makers place patient choice and access at the centre of their rationale for telephone treatment, local decision makers highlight how telephone can be used to fulfil service objectives, before patient needs. Despite choice and access being identified as underpinning principles of telephone delivery, patients can often feel let down, which can impact on practitioner acceptance, especially where there is a sense of the need to ‘sell’ it to patients. Improving communication, understanding and knowledge about telephone treatment is important to improve the implementation of and engagement with telephone treatment in IAPT.

Accessing and engaging in primary healthcare services in the community following discharge from forensic secure services

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The physical health inequalities and high mortality rates amongst individuals with several mental illness (SMI) are a cause for concern. The estimated gap in life expectancy can be around 20 years for those with SMI and that gap is likely to increase (Firth et al, 2019). The majority, if not all, individuals who have contact with forensic community mental health services will have experience of SMI. If we consider the pressure of risk management and the additional layer of stigma that comes with having an offending history, it is considered that recovery from SMI is a more complex task for the forensic population (Simpson and Penney, 2010). Therefore, the community forensic population could be at increased risk of enduring physical ill health. In order to explore the experiences of service users transitioning from forensic services to the community, eight interviews were conducted with service users and mental health practitioners within one forensic team. The findings identified barriers and facilitators that fell within four themes: perceptions of the importance of physical health, agency, responsibility and relationships. The study outlines the importance of relationship-building between primary-care professionals and service users and encourages an increase in joined up working between services. It highlighted the importance of considering how services could focus on strategies to facilitate the independence and confidence of service users. Overall, it is apparent how interwoven the implications of the study are; the delicacy of the situations requires that primary care and forensic services are aware of the role that they must play in order for physical health outcomes to be improved.

References:

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The experiences of lay health workers trained in task-shifting psychological interventions: a qualitative systematic review

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Background

The prevalence of common mental disorders, such as depression and anxiety, is high and the demand for psychological interventions and talking therapies is increasing. In order to meet this need, it is necessary to explore alternative methods to deliver talking therapies. Training lay health workers (LHWs) to deliver psychological interventions might be one possible solution to address current gaps in service provision. A number of studies have successfully used this approach to deliver psychological interventions in order to meet the demand for mental health care. Despite increased interest in this area, the evidence has not been synthesised or systematically reviewed.

Methods

Electronic databases (MEDLINE, EMBASE, PsycINFO and CINHAL) were systematically searched to specifically capture studies on task-shifting psychological interventions for common mental disorders. Data were extracted on the experiences of the lay-workers on training and therapy delivery. Thematic analysis was used to analyse the data. Themes and subthemes of LHWs views on receiving training, barriers and facilitators to therapy delivery, factors required to become a successful therapist and the impact of training and therapy delivery on the therapists are described.

Findings

10 studies were eligible for inclusion. Key messages were: LHWs were satisfied with training but wanted more robust supervision; not enough time was given to training on understanding mental health problems; LHWs grew in confidence and this impacted on their personal relationships with others.

Take home message

This is the first review to explore LHWs experiences in training and therapy delivery by synthesising existing qualitative research. A number of key messages derived out of this review can help in further improving the quality of the training programmes and highlighting the benefits that are available for the LHW in delivering psychological interventions.

The development of a psychosocial intervention for older adults with depression and multiple long-term conditions: Utilising qualitative and co-design methods.

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Background

Depression is 2 to 3 times more common in people with long-term conditions (LTCs), and LTCs are more prevalent among older adults (OA). Comorbid LTCs and low mood can result in poorer health outcomes. This study aimed to iteratively develop a psychosocial intervention (Behavioural Activation within a collaborative care framework) for OAs experiencing mental-physical comorbidity.

Methods

An iterative process of intervention development using interview and co-design methods was adopted, following O’Cathain et al’s., (2019) recommendations for developing interventions to improve health. Semi-structured interviews were conducted with physical and mental healthcare professionals (HCPs), OAs with mental and/or physical co-morbidity and people who provided informal care to this population (Caregivers). Data analysis utilised both thematic and Framework Analysis. Key questions generated from data analysis were discussed at 3 stakeholder co-design workshops. Prototype interventions were offered to two small samples of OA participants (‘case series’), who were then interviewed.

Findings

Practical features of the intervention, including number of sessions, caregiver involvement, liaison with other HCPs and signposting to services, were agreed during the co-design process. The co-design workshops also contributed to the development of a self-help booklet for OAs which included patient diaries, goal setting, and ‘patient stories’; which were all further refined following the case series. The support worker intervention training programme and manual, were also agreed during the co-design process.

Take home message

A multidisciplinary co-design approach is key to the development of a psychological intervention aimed to improve the mental and physical wellbeing of OAs with comorbid depression and LTCs.

Funding acknowledgement

This work presents independent research funded by the National Institute for Health Research (NIHR) Programme Grants for Applied Research programme [RP-PG-0217-20006]. The views expressed in this work are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Treatment pathways for patients with an at-risk mental state for psychosis: views from primary and secondary care services

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Background

NICE guidelines recommend that people suspected to have an at-risk mental state (ARMS) for psychosis should be referred to the Early Intervention (EI) teams or other specialist mental health services for assessment and treatment. However, very little is known about ARMS patients' treatment pathways. This study explored primary and secondary care practitioners' views on the management and treatment of ARMS patients in primary and secondary care services.

Methods

Semi-structured interviews were conducted with 20 GPs, 11 clinicians from Primary Care Liaison Services (PCLS) and 10 clinicians from the Early Intervention (EI) teams.

Findings

Some GPs were not familiar with the concept of ARMS. Suspected ARMS patients were usually referred to the primary care liaison services (PCLS) or psychiatry teams. The decision to refer to secondary care services was influenced by the context in which psychotic symptoms occurred, patients' risk, support system, degree of functional impairment and level of distress. Those referrals who reached the PCLS were then triaged and referred to specialist mental health teams, off the record, or discharged back to the GP. EI teams who usually assess for ARMS were just one of the services that PCLS considered referring to. Patients referred to the EI teams with a reasonable suspicion of psychosis were offered an assessment. Those EI teams who were commissioned to work with ARMS patients offered them treatment, whereas the other EI teams discharged them back to their GP.

Conclusion

The referral pathways of ARMS patients are not straightforward. Not all patients who may be ARMS are assessed by specialist services. Of those, even fewer are offered treatment as indicated by NICE guidelines.

Factors which influence early attrition to services offering psychological support for common mental health problems: A mixed methods systematic review

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Background

Non-attendance at assessment or a first treatment appointment for mental health support is common, with impacts for patients and service providers. This research aimed to identify and consolidate available evidence on factors which influence non-attendance and which primary care mental health services could modify to increase attendance at initial assessment and first treatment appointments.

Methods

Systematic review. Searches were run in MEDLINE, CINAHL, EMBASE, PsycINFO and the Cochrane Library for evidence published between 1947 and October 2019. Inclusion criteria ensured participants were 16 or over, services offered psychological support for common mental health problems, studies focused on non-attendance at the initial service appointments, and findings identified factors which could be influenced by services. Data were analysed using narrative synthesis (quantitative, observational data) and thematic analysis (qualitative data) prior to synthesis of the two datasets.

Findings

Of the 21,123 unique records screened, 79 were selected for full text review and 34 were included. Factors influencing attendance were: timely appointments; flexibility around the time and location; treatments considered by patients to be relevant to their problem; and processes which removed the need for patients to repeat information to different clinicians. Having friends or family members that were supportive of treatment, and acknowledging patient concerns about consequences of attendance were also highlighted.

Take-home message

There is potential to make service changes to reduce early attrition of initial mental health appointments.

Barriers for the recruitment and methodology of conducting dementia research in British ethnic minorities: A systematic review

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Background

There is no collation of information that details recruitment and methodological issues researchers face when including ethnic minorities within dementia research. Without such a compilation solutions to negate existing issues cannot be devised and future researchers may continue to face issues with no protocol to measure their methodology against. Therefore, we conducted a systematic review of the barriers for the recruitment and methodology of conducting dementia research in British ethnic minorities.

Methods

Our systematic review included publications detailing UK based dementia research that included any ethnic minorities. Information from the publications was extracted regarding the recruitment and methodological issues faced by the researchers. Related extracts were grouped to form overarching themes.

Results

We identified 52 papers meeting our inclusion criteria of which 33 described methodological issues. These were collated into six themes, with individual subthemes; Attitudes and beliefs about dementia, recruitment process, data collection issues, practical issues, researcher characteristics and paucity of literature. These themes identified three areas that require intervention for improvement in dementia research: community and patient education, health services and researcher training.

Conclusions

Acknowledgement of the areas that require improvement along with our collation of reported recruitment and methodological issues acts as a precursor for improving existing and developing new solutions. This review can be utilised by future dementia researchers to identify gaps in their own methodologies.

Determinants of self-management in individuals with severe mental illness and long-term physical health conditions

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Background

People with severe mental illness (SMI) such as schizophrenia or bipolar disorder are primarily managed in primary care. These people have higher rates of common long-term conditions (LTC) such as diabetes than the general population. Having co-morbid SMI can complicate LTC self-management. To identify determinants of LTC self-management in adults with SMI to inform development of tailored self-management programmes.

Methods

A qualitative study and systematic review were conducted to identify determinants underpinning self-management. The qualitative study involved semi-structured interviews and focused observations with adults with SMI and a co-morbid LTC and focus groups with informal carers and healthcare staff. Six databases were searched with no restrictions on study design, date or language. Narrative techniques were applied to synthesise findings from eligible primary studies.

Findings

Thirty two adults with SMI and a range of LTCs, 12 informal carers and 19 healthcare staff participated in the qualitative study. Thirteen studies reporting determinants of self-management of LTCs and SMI were identified in the systematic review, all focusing on diabetes. The determinants identified from integrated results included Knowledge, Memory, Attention and Decision Processes, Beliefs about Capabilities, Environmental Context and Resources, and Emotion. Examples of determinants within these domains and key links between domains will be presented.

Take home message

The studies identified the key determinants affecting LTC self-management in people with SMI that can be modified through tailored interventions. We will map these findings to identify linked Behaviour Change Techniques for use in a self-management intervention for adults with diabetes and comorbid SMI.

This project was funded by the National Institute for Health Research Programme for Applied Research (project number RP-PG-1016-10004).

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, NIHR, or the Department of Health.

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This report is supported by the National Institute for Health Research Yorkshire and Humber Applied Research Collaboration. The views expressed in this publication are those of the author(s) and not necessarily those of the National Institute for Health Research or the Department of Health and Social Care.

