

Primary Care Mental Health Research Conference 2021

'Mental Health: person and place'

26th May 2021



Abstract Book

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Primary care Mental Health conference booklet 2021

Foreward

The Primary Care Mental Health conference 2021 was held online, hosted by the University of York, with support of Katrina Turner (University of Bristol) and Carolyn Chew-Graham (Keele University) who co-lead the SAPC Mental Health Special Interest Group (<https://sapc.ac.uk/special-interest-group/mental-health-no-health-without-mental-health>). The conference was supported financially by SAPC and was free to SAPC members.

This conference has been held annually for the past 15+years, with different institutions taking it in turns to host the conference: in 2020 we cancelled the conference due to the COVID-19 pandemic, but abstracts were published online (<https://sapc.ac.uk/file/2020-v2-sig-pcmh-conference-abstract-book-pdf>)

At our conference, we had two excellent keynote speakers – Dr Joseph Firth from the University of Manchester, and Dr Joana Cruz from the University of York. We had 28 excellent presentations, and our patient and public participants selected three presentations from Early Career Researchers for awards. The conference ended with a fantastic ‘Ask the Editor’ session with Dr Euan Lawson, Acting Editor British Journal of General Practice (BJGP), who enthusiastically and openly responded to delegates’ searching questions.

In order to recognise the hard work of everyone who submitted an abstract, and presented at the conference, this booklet has been compiled. We hope that you will include your submission on your CV.

We hope that an institution will step-up and take the baton, and offer to organise the Primary Care MH conference in 2022. We will keep you posted.

If you are not already a member of the SIG, do contact Carolyn or Katrina, or office@sapc.ac.uk

With best wishes,

Simon Gilbody, Carolyn Chew-Graham, Katrina Turner, Ruth Wadman, Jo Orchard, Peter Coventry, Dean McMillan, Rebecca Woodhouse (organising committee)

This event was supported by the NIHR Yorkshire and Humber Applied Research Collaboration (ARC) Mental Health theme.

The impact of psychosocial interventions on perinatal anxiety managed in primary care: a systematic review of systematic reviews

Lead author and presenter: Victoria Silverwood

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Co-authors: Laurna Bullock, Carolyn A. Chew-Graham, Tom Kingstone, Katrina Turner, Joanne Jordan.

Background: Perinatal anxiety (PNA) occurs during pregnancy and up to 12 months post-partum. Global prevalence of PNA is estimated to be >15% of women, making it as common as perinatal depression. PNA may impact negatively on mothers, children and their families. There is limited evidence on the effectiveness of psychosocial interventions in primary care for PNA and NICE has called for further research in this area. This review will therefore address an important evidence gap.

Methods: A systematic review and narrative synthesis is in progress and will be reported in line with PRISMA guidelines. Systematic searches are being conducted in twelve health-related databases. Titles and abstracts independently screened by VS; 20% screened by a second independent reviewer (LB) according to eligibility criteria. Discrepancies resolved by discussion/third reviewer. Full paper screening and data extraction by VS and LB. Systematic reviews that report results from randomised control trials, controlled clinical trials, cohort studies, case-control studies and qualitative studies are included. Data will be extracted about study participants, methodology, and intervention design and context alongside quality assessment. A grey literature review will also be conducted. An established patient and public involvement group will be involved throughout.

Results: Initial systematic literature searches have found 4074 titles to be screened, results will be available for presentation at the conference.

Conclusion: This review will identify and summarise evidence on the effectiveness of current psychosocial interventions for PNA in primary care. Insights gained will be used to make recommendations for future research, clinical implications and policy changes.

Author Institutions

VS, LB, JJ, TK, CC-G – School of Medicine, Keele University

KT – Centre of Academic Primary Health Care, Bristol University

TK, CC-G – Midlands Partnership NHS Foundation Trust

CC-G - WM ARC

Funding acknowledgement: VS is a Wellcome Trust PhD Clinical Fellow – this systematic review forms part of a PhD.

Presenter's twitter handle: @v_silverwood

Trauma-informed care in the UK: an opportunity for integration between primary care and community mental health

Lead author and presenter: Elizabeth Emsley

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Co-authors: Smith J, Martin D, Lewis N

Background: Trauma-informed care (TIC) acknowledges the impact of psychological trauma on patients and staff. Healthcare services can fail to meet the needs of patients and staff affected by traumatic experiences. TIC involves organisational change, creating environments and relationships with clinicians that promote recovery and prevent re-traumatisation. Our systematic review of TIC in primary and community mental healthcare identified limited evidence for its effectiveness in the UK, despite endorsement in policies.

This study explores reasons for this disconnect by analysing how and why TIC is represented in UK health policies.

Methods: An analysis of UK health policy documents on TIC using the READ approach and framework method.

Results: Analysis of 31 UK policy documents on TI care in primary care and community mental health services has identified several key themes. Healthcare areas most frequently referenced include mental health and women's health services. There is limited reference to primary care. TIC is recommended as part of integrative models of primary and community mental health care. TIC was explored in the context of concepts including adverse childhood experiences and psychologically informed environments. Policy documents provide limited evidence of TI care effectiveness in UK settings.

Implications: UK health policies identify TIC as an opportunity for integration between primary and community mental healthcare. However, further evidence on the effectiveness and application of TIC in the UK is needed to inform policymakers.

Healthcare resource use and costs for people with type 2 diabetes with and without severe mental illness in the UK: a longitudinal matched case-control study using the Clinical Practice Research Datalink.

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Background

Approximately 60,000 people in England have coexisting type 2 diabetes mellitus (T2DM) and severe mental illness (SMI), and they are more likely to have poorer health outcomes and require more complex care pathways compared to those with T2DM alone. Despite increasing prevalence, little is known about the healthcare resource use and costs for people with both conditions.

Aims

To assess the impact of SMI on healthcare resource use and service costs for adults with T2DM, and explore the predictors of healthcare costs, including lifetime costs, for people with both conditions.

Method

Matched case-control study using data from the Clinical Practice Research Datalink (CPRD) linked to Hospital Episode Statistics (HES) for 1,620 people with comorbid SMI and T2DM (cases) and 4,763 people with T2DM alone (controls). Generalised linear models (GLM) and Bang and Tsiatis's method were used to explore cost predictors and mean lifetime costs respectively.

Results

People with T2DM and SMI had higher average annual costs (£1,930) than controls, driven primarily by mental health and non-mental health-related hospitalisations. Key predictors of higher total costs were older age, white, female sex, more comorbidity and living longer time with both conditions. Expected lifetime costs were approximately £35,000 per person with both SMI and T2DM. Extrapolating nationally, this would generate total annual costs to the NHS of £250m per year.

Conclusions

Our estimates of healthcare resource use and costs for people with both T2DM and SMI will aid policy makers and commissioners in service planning and resource allocation.

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Improving Oral Health in People with Severe Mental Illness (SMI): A Systematic Review

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Background

People with severe mental illness (SMI) are more at risk of having poor oral health. Those with poor oral health may face difficulties eating, socialising and working. However, there is a lack of evidence to suggest which oral health interventions are effective in this population.

Aims

This review aims to examine the effectiveness of oral health interventions on oral health in those with SMI.

Methods

Medline, EMBASE, PsycINFO, AMED, HMIC and the Cochrane Library were searched for studies, along with conference proceedings, grey literature sources and references of included studies. Eligible studies had a population of SMI, evaluated the effectiveness of any oral health intervention and used any oral health-related outcome measure. Title and abstract screening was performed by the main reviewer and a second reviewer double screened 10%. Two reviewers performed full text screening, data extraction and risk of bias assessment.

Results

From a total of 5102 citations identified in the search, seven studies were included in the review. Due to heterogeneity between studies, a narrative synthesis was undertaken, with four broad categories of intervention identified. Despite statistically significant changes in oral health and related behaviours as a result of interventions using dental education, motivational interviewing and incentives, there were no clinically significant changes.

Conclusion

The oral health of those with SMI is an important aspect of physical health. Although some positive results have been demonstrated in this review, there is no conclusive evidence that these results are clinically meaningful. Further research in this area is required.

Understanding how, why and in which contexts mental health interventions for older adults delivered by “non-traditional” providers work: a realist synthesis.

Lead author and Presenter: Dr Tom Kingstone^{1,2}
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Co-authors: Dr Nadia Corp¹, Professor Carolyn A. Chew-Graham^{1,2}

Background

Help-seeking for mental health problems by older adults may be delayed due to a lack of awareness, stigma, and limited access to acceptable services; meaning such problems often remain hidden. NHS recommendations suggest wider public services could play an important role in healthcare by facilitating engagement with healthcare services. For example, public health interventions for falls prevention led by the fire and rescue service have evidenced acceptability and effectiveness among older adults. The evidence for similar interventions related to mental health within this population has not yet been synthesised.

Approach

Realist synthesis to identify interventions targeting detection and sign-posting for mental health problems in older adults. We focus on interventions delivered by services not traditionally involved in healthcare, such as fire and rescue, police, and library services. We aim to understand how, when and where these sorts of interventions work. A PPIE group supported our initial evidence search strategy and definition of key terms. The review is registered on PROSPERO.

Findings

Systematic searches were conducted that revealed a dearth of relevant evidence reporting mental health interventions delivered by non-traditional providers. The scope of our review has been adjusted to consider evidence for falls prevention and dementia; findings will be transposed to mental health contexts. We are currently coding evidence to establish context-mechanism-outcome configurations to inform programme theory.

Implications

This review will generate new understandings regarding the *place* of non-traditional providers in the management of mental health problems among older adults. Findings will inform a future study. Abstract dedicated to Katie Tempest.

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Funding acknowledgement: NIHR School of Primary Care Research (Ref: 472; RIDDLE Study).

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Development and validation of a prognostic model to PREDICT Relapse of depression in primary care (Introduction to the PREDICTR Study)

Lead author and presenter: Andrew S Moriarty¹
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Co-authors: Lewis Paton², Nick Meader³, Kym IE Snell⁴, Richard D Riley⁴, Carolyn A Chew-Graham⁵, Simon Gilbody¹, Dean McMillan¹

Background

The majority of people with depression in the UK are managed in primary care. Relapse is common in people who have been treated for depression, and leads to poor longer-term outcomes and quality of life. Guidance is currently lacking around the identification and subsequent management of individuals who are at higher risk of relapse. The goal of this programme of work is to develop a primary care-based prognostic model to enable general practitioners to identify patients at increased risk of relapse.

Methods

We initially carried out a systematic review and critical appraisal of existing prognostic models. We identified nine existing models; these were either developed in studies judged to be at high risk of bias or had poor predictive performance. We have created a dataset drawn from seven primary care-based RCTs and one longitudinal cohort study. We will use penalised logistic regression to develop a statistical model to predict risk of relapse within 6-8 months after reaching remission. The predictive performance and clinical utility of the model will be assessed.

Take-home message

This study will develop a clinical tool to support clinicians to identify patients who are at increased risk of relapse so that management can be targeted at this group. The goal is to improve clinical outcomes and quality of life for patients, and allow more targeted use of NHS resources.

Qualitative work with patients and primary care clinicians, as well as on-going public and patient involvement, will guide the further development and implementation of this tool.

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

Lead author and presenter: Dr Hassan Awan
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Co-authors: Dr Tom Kingstone, Dr Nadia Corp, Professor Carolyn A. Chew-Graham,

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 and perceive a need for support. South Asians (SAs) are the largest minority group in the UK, and are more likely to have long-term conditions (LTCs) such as diabetes and heart disease. There is limited research of the experiences of men of SA origin with comorbid physical and mental health problems in primary care.

Approach:

A qualitative study is being undertaken to explore the perspectives of men of SA origin with LTCs, on the experiences and help-seeking, for emotional distress. Recruitment from community settings, semi-structured interviews, concurrent coding of transcripts, thematic analysis and iterative modification of the topic guide are all ongoing.

An ethnically appropriate PPIE group has been convened and is working according to the INVOLVE principles throughout all stages of the research.

Findings:

Initial analysis suggests the following themes are important: distress within physical illness, living between two cultures, concepts of black magic, and prejudice. Participants reported strength in faith, a lack of trust of GPs and the need for culturally appropriate community-based services.

Implications:

This study will lead to improvement in the recognition and management of emotional distress in men of SA origin with LTCs, and in clinicians. The research has the potential to influence policy-makers and commissioners about service provision for this group.

Distress, depression and pain: what should a person-centred intervention look like?

Lead author and presenter: Noureen Shivji¹

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The problem

Musculoskeletal pain impacts on a person's quality of life and is commonly presented to primary care. Low mood is commonly reported with chronic pain and may be labelled as depression. However, evidence suggests that distress associated with chronic pain is qualitatively different from clinical depression. Whilst symptoms may appear identical, the underlying causes are different and therefore current referral pathways and interventions are suboptimal for pain-related distress. Specifically, antidepressants are likely to be ineffective, and there are limited patient-centred interventions available to general practitioners (GPs) and people with pain. The De-STRESS study aims to develop a patient-centred intervention for people with chronic musculoskeletal pain and pain-related distress.

The approach

Initial qualitative work is being conducted to explore perceptions of pain-related distress; how people with chronic musculoskeletal pain and distress are managed in primary care; and the usefulness and acceptability of current interventions. Semi-structured interviews with both GPs and people with chronic musculoskeletal pain are planned. Recruitment utilising a variety of methods, including social media and local radio, is ongoing. A Patient Advisory Group informed development of public-facing documents and analysis.

Findings and consequences

We will reflect on the learning from different recruitment strategies for our study and for other researchers. We will present initial analysis of data from early interviews with people with pain, focusing on how our data will inform future phases of the study.

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Barriers to attending initial psychological therapy service appointments for common mental health problems: A mixed-methods systematic review

Lead author: Jenny Sweetman¹

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Co-authors:

Professor Dean McMillan^{1,2} and Dr Peter Knapp^{1,2}, Danielle Varley¹, Rebecca Woodhouse¹ and Peter Coventry¹

Background: Non-attendance at initial appointments offered by primary care mental health services such as IAPT is a widespread problem which affects mental health services and patients.

Methods: This review identified and synthesised the available literature on factors, which could be modified either by patients or by services, that can influence early attrition to services offering psychological support for common mental health problems.

Searches were conducted January 2017, updated Oct 2019, in MEDLINE, CINAHL Plus, EMBASE, Cochrane Library and PsycINFO. Screening, data extraction and quality appraisal were completed independently by two reviewers. Quality appraisals used Joanna Briggs Institute tools.

Results: Of the 31,758 references identified (21,123 unique), 34 studies were selected for inclusion. Studies used cohort (14), cross-sectional (10) and qualitative (9) designs. An additional study reported both quantitative and qualitative components. Findings from observational studies related to the presenting problem, beliefs about symptoms and treatment, contact with services, practical challenges and social support. Themes from qualitative studies centred around individual perceptions of symptoms and support, social and cultural influences, experiences with services and practical issues. Similarities and differences between quantitative and qualitative syntheses are discussed in a combined synthesis.

Conclusions: Ensuring treatments offered matched patient perceptions of problems, reducing patient concerns around engagement, and offering prompt responses with flexibility to accommodate patient circumstances consistently influenced initial attendance. More work is needed to improve perceptions of mental health services in the community.

'Take-home' message

There is potential to make service changes to reduce early non-attendance at initial mental health appointments.

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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 progression criteria and a traffic light system. 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.

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

What is the **relationship** between green and blue spaces and mental-physical multimorbidity?

Presenting author: Marlya Geneshka

Background

Multimorbidity is a growing public health concern worldwide. While multimorbidity is strongly associated with ageing, other factors and exposures, such as the natural environment can impact health trajectories. This project aims to examine the association between exposure to green and blue space and mental-physical multimorbidity.

Methods

A systematic review of longitudinal observational studies examining the relationship between exposures to green and blue space with mental and physical health was conducted. The study population included adults and the study outcomes were common and severe mental health conditions, chronic conditions, health-related behaviours, frailty and physical functioning.

Results

The review included 44 studies examining a broad range of health outcomes, of which physical activity (13), depression (9), diabetes (7) and obesity (6) were most common. Majority of relationships focused on green space exposures, Normalized Difference Vegetation Index and distance to parks being the most frequently studied. Only four studies examined exposure to blue space. A meta-analysis could not be conducted due to high heterogeneity in exposures. There was mixed evidence of a significant relationship in qualitative synthesis.

Discussion

The review identified a need for robust green and blue space exposure data in order to improve our understanding of how environmental characteristics influence health. The next step will therefore be to link high-quality land use data with health data from UK Biobank cohort participants to study the cross-sectional relationship between different green and blue space measures and mental-physical multimorbidity.

Creative spaces as catalysts for placemaking and community building: an ethnographic study of community arts participation in Stoke-on-Trent

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The problem

In the social prescribing model, creative community organisations (e.g., choirs) are increasingly used as resources to address psychosocial problems. The varied nature of creative community activity is underexplored, particularly through a socio-cultural lens.

The approach

This ethnographic study took place in Stoke-on-Trent in areas of high deprivation. It explored the experiences of facilitators and participants within two creative organisations, focussing on creative participation, wellbeing and placemaking. Twelve months of fieldwork within these creative groups provided a rich, ethnographic dataset. Six months occurred face-to-face and then, due to the COVID-19 pandemic, the organisations moved activities online. Creative and social interaction occurred virtually for those able and willing to access it. Fieldwork continued online for the final six months and included one-to-one interviews. University ethical approval was obtained.

Findings

This study illustrates that creative spaces create a sense of belonging and safety for those who feel a sense of difference. In summary:

- People from diverse backgrounds find common ground in creative spaces;
- Participation changes perceptions of place, self and others;
- Group identity and community is built through a sense of shared responsibility and purpose;
- Safe spaces enable a freedom to be oneself and try new ways of being.

Implications

The value of creative participation in placemaking is deeply linked to life experience. As such, the wellbeing outcomes of creative activity cannot be viewed in a vacuum. Insights from this study may provide lessons for comparable communities and contexts, informing social prescribing and creative community referral.

Urban front gardens: Gardening for public health

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Background: Planting in urban front gardens benefits individuals' mental and physical health and has important environmental impacts, such as reducing air pollution and flood risk and cooling the home in hot weather. However, there has been dramatic reduction in front garden greenery in the UK in recent decades. The first stage of this project aims to understand the barriers and facilitators to front garden planting.

Methods: Three online focus groups (n=12) with adults aged 20-65 sampled for variation according to age, gender, gardener/not gardener, income and owning/renting. Focus groups were thematically analysed.

Results: Preliminary focus group findings indicated that front gardening was considered beneficial for improving mental wellbeing and encouraging social connections, with physical health benefits viewed as less motivating. Participants had rarely considered the environmental impacts, but felt increasing biodiversity and reducing flood risk would be motivators to plant in front gardens. Time, expense and knowledge about gardening also influenced willingness and ability to garden. Some participants considered front gardens as functional spaces where car parking took precedence. To encourage people to start planting in front gardens, participants proposed a wide range of possibilities, at individual, collective and policy levels.

Conclusion: Interventions aimed to enhance health benefits from front gardening should tap additional motivations. Potential drivers include: access to basic information; more information on environmental benefits, particularly those benefitting the locality; action through local groups including schools; and incentives. The next stage of the project will examine the generalisability of these findings.

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Preferred place of death for South Asian people with dementia: a qualitative study exploring the experiences of family carers who care for relatives with dementia.

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Background

Evidence shows that a person's home is their preferred place of death, however there is little empirical research regarding place of death for people from Black, Asian and Minority Ethnic (BAME) communities. This study explored the perspectives of family carers about preferred place of death for first generation South Asian people with dementia.

Methods

Ethical approvals obtained.

Qualitative study using semi-structured interviews to explore perspectives of family carers of Bangladeshi, Indian and Pakistani origin. Participants were identified from community groups throughout the West Midlands. Interviews were recorded and transcribed verbatim and thematic analysis applied to identify themes.

Findings

Sixteen family carers participated. A key theme identified from carers was that relatives with dementia expressed a preference to die, or to have their body returned to their country of origin upon their death, even if there was a lack of family presence within their country of origin. Carers, citing cultural and religious values, attempted to honour this preference for their relative, but fulfilment was perceived as burdensome.

Take-home message

Whilst literature shows an overall preference of older adults is to die at home with relatives and friends around them, for first generation South Asians within the UK, a preferred *place* of death is more important than dying accompanied by relatives. First-generation South Asian migrants who migrated to UK during the 1950s rarely have any relatives left in their countries of origin. It is vital for primary care clinicians to explore wishes around place of death and actions needed following death.

Keywords

South Asian; dementia; family carer; place of death; qualitative research

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Acknowledgements

The Royal College of General Practitioners (RCGP) Practitioner's Allowance Grants (PAGs) has supported to conduct this current study.

The Primary Care experience of utilising Assistant Psychologists to bring Prevention to the Home in Ireland

Presenting author: Andrew Wormald
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In March 2020, Ireland went into its first-ever lockdown. Mental Health Services were severely disrupted, and many staff were redeployed. Primary Care Psychology Services had been piloting an enhancement to the service using Assistant Psychologists (APs). Most APs were redeployed to support services. However, some were left in Primary Care Services, who spent time planning and organising the delivery of prevention services to the home. Before the lockdown, no prevention work had been delivered into people's homes. We surveyed Psychology management nationally to discover the type of packages offered, the type of audience, and the attending numbers at prevention events.

Packages are being delivered both synchronously and asynchronously, consisting of pre-recorded webinars and live-streamed events. The subject areas covered include; anxiety, self-esteem, sleep, toileting and screen time. Attendees consist of parents/guardians of children from current waiting lists and people not referred to the services. By the end of December 2020, events have been attended by an estimated 798 people, and 78% of those who supplied information were totally satisfied with the service.

Delivering preventative workshops to the home is a novel delivery approach that can provide services to those who are unable to attend in-person. They reduce the need for travel and can therefore be a viable option into the future for people who cannot attend local centres for whatever reason.

Trends in prescribing for anxiety in UK primary care

Presenting author: Charlotte Archer, Centre for Academic Mental Health, University of Bristol
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Co-Authors: Prof David Kessler, Prof Katrina Turner, Dr Becky Mars, Dr Stephanie Macneill & Prof Nicola Wiles, Centre for Academic Mental Health, University of Bristol.

Background

Antidepressant prescribing - for any indication and for depression - has increased substantially over the past two decades. However, little is known about trends in the prescribing of these and other drugs (benzodiazepines, beta-blockers, anticonvulsants and antipsychotics) for the treatment of anxiety in UK primary care. Several changes may have affected prescribing, including the 2008 recession and the 2011 NICE anxiety guidelines. Therefore, this study examined trends in prescribing for anxiety in UK primary care between 2003-2018.

Methods

We used data from adults (n=2,569,153) registered with practices that contributed to the Clinical Practice Research Datalink between 2003-2018. Prevalence rates and incidence rates with 95% confidence intervals were calculated for any anxiolytic prescription, and separately by drug class, for patients with anxiety.

Findings

Between 2003-2018, prevalence of prescribing of any anxiolytic increased from 24.8/1000 person-years at risk (PYAR) to 43.6/1000PYAR, driven by increases in those starting treatment, rather than increasing long-term use. Between 2003-2008, incidence of any anxiolytic prescription decreased from 12.8/1000PYAR to 9.3/1000PYAR; after which incidence rose to 13.1/1000PYAR in 2018. A similar trend was seen for incident antidepressant prescriptions. Between 2003-2018, incident beta-blocker prescriptions increased from 2.3/1000PYAR to 4.1/1000PYAR, whereas incident benzodiazepine prescriptions decreased from 6.4/1000PYAR to 4.6/1000PYAR. Incident prescriptions in each drug class rose notably in young adults in recent years.

“Take-home” message

Recent increases in incident prescribing, particularly for young adults, may reflect better detection of anxiety and increasing acceptability of medication. However, some of this prescribing is not based on robust evidence of effectiveness and some may contradict guidelines.

What can general practitioners learn from reviews of coroner's inquest files?

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Background

Suicide is a major public health concern, accounting for around 4,500 deaths each year in England and Wales. It is the largest cause of death of people under the age of 35 years. In 2015, Yorkshire and Humber had the highest suicide rate in England. Basic information about suicides such as age-standardised mortality rates are published by the Office of National Statistics. Regionally, more detailed information is collected from reviews/audits of HM coroner's inquest files by suicide prevention teams in order to monitor, learn lessons and inform suicide prevention plans. The collection of such data is now considered a mandatory requirement of local authorities. This study aims to describe the results of a standardised review of coroner's inquest files following a suicide conclusion in South Yorkshire and Bassetlaw (SYB) during 2018 and 2019 with a focus on learning for general practice.

Methods

A cross-sectional design was employed using routinely collected information from coroner's records. Consecutive suicide conclusions from SYB during 2018 and 2019 were included. A standardised data collection form was developed based on existing literature and stakeholder consultation. Both quantitative and qualitative (free-text) information were recorded. We present the descriptive data analysis of the quantitative data here.

Results

One hundred and thirteen (113) deaths from suicide were reviewed. Most were male (80%) and of white ethnicity (95%). Sixty percent (60%) lived in postcodes which fell into the 4th and 5th most deprived IMD areas. A wide range social circumstances were recorded and many of those who died lived together with their families and were in full time employment. Approximately half those who died had long-term health conditions (LTCs), with cardiovascular disorders and chronic pain among the most common LTCs. The majority had received a lifetime diagnosis of a mental health condition (87%) with unipolar depression (67%) the most common diagnosis received. A history of personality disorder was seen in 9% of those who died. Seventy one percent (71%) were prescribed medication for a mental health condition at the time of their death but only 13% were in talking therapy. Drug or alcohol difficulties were seen in 35% of cases. Around 60% of those who died were in contact with their GP in the three-month period before they died. Life stressors were common around the time of suicide.

Conclusions

Consultations with GPs around the time of suicide were common and much more likely to occur than contact with other health professionals. Knowledge of the characteristics of those who die from suicide and common psychosocial antecedents may be useful for general practitioners and others working in primary care to incorporate into their own risk assessments. It may also challenge some biases that may exist in characterising those at risk.

Title: A systematic review to identify the mechanisms of action of self-management of physical health in adults with serious mental illness

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Background: Adults with serious mental illness (SMI) die 10 to 15 years younger than the general population, especially from long term conditions (LTCs). Closing this mortality gap is critical to the NHS Long Term Plan. Behaviour change interventions can improve physical health by supporting self-management; however, it is unclear which factors might determine self-management behaviours in people with SMI.

Aim: To systematically review evidence about the mechanisms of action that drive self-management behaviours in adults with SMI.

Methods: CINAHL, Conference Proceedings Citation Index- Science, HMIC, Medline, NICE Evidence and PsycInfo were searched to identify studies that reported factors that determine self-management in adults with SMI, including SMI and LTCs. Self-management behaviours were aligned to the American Association of Diabetes Educator's Self-Care Behaviours (AADE-7) and mapped against the novel Mechanisms of Action (MoA) framework (Carey et al., 2019).

Findings: Twenty-eight studies reporting 104 determinant-behaviour links across 21 MoAs were included. Beliefs about capability, and beliefs about consequences, were the most commonly reported determinants for healthy eating and physical activity. Environmental context and resources were an important determinant associated with taking medications, physical activity, and reducing risks among people with SMI, including those with diabetes.

Conclusion: Our findings can inform the design and testing of theory-based behaviour change interventions to support self-management of physical and mental health in people with SMI and LTCs.

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Multiple adverse health outcomes among individuals diagnosed with an eating disorder: findings from a large primary care cohort with linked secondary care and mortality records

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Background: Evidence for fatal and non-fatal health risks among people diagnosed with eating disorders (ED) is limited.

Aims: To examine risks of adverse mental and physical health outcomes, including all-cause and cause-specific mortality risks (natural/unnatural deaths; suicide and fatal poisoning).

Methods: Using Clinical Practice Research Datalink, we examined interlinked data from primary healthcare, secondary care (Hospital Episode Statistics), and mortality records (Office of National Statistics). Incident ED cases were identified between 1/1/1998-30/11/2018 aged 10-44years (n=24,709). Cases were matched by age, gender and practice with 20 comparator individuals without a history of ED (n=493,001). Hazard ratios and cumulative incidence for each adverse outcome at 1,5,10 years following diagnosis were calculated.

Results: Risks were elevated among ED cases for physical and mental health outcomes examined. Individuals were 6 times more likely to develop renal and liver failure within a year of diagnosis and over 3 times in subsequent years; 9 times more likely to have a self-harm episode in the first year, remaining high compared to comparators longer term (12% vs 3% risk at 10years); within 12months, 5 times more likely to die from unnatural cause, 14 times more likely to die by suicide or from fatal poisoning with risk remaining at 6 times more likely after 5 or more years.

Implications: For primary care clinicians, proactive care is vital, with the ability to offer earlier recognition and monitoring of both physical and mental health risk. The study highlights the importance of parity and timely access to physical and mental health services.

The role of the GP and sources of support for patients following major pancreatic surgery for cancer: A qualitative study

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The Problem

Pancreatic cancer is the 10th most common cancer in the UK; 10-15% patients undergo pancreaticoduodenectomy. Limited research reports these patients' experiences, with minimal focus on the role of GPs in supporting patients; yet GPs are key in enabling effective care coordination for people living with life-shortening conditions, and in identifying unmet support needs.

The Approach

Ethical approval was obtained. Semi-structured interviews were conducted with patients who had undergone pancreaticoduodenectomy for pancreatic or distal biliary duct cancer at a specialist hepato-pancreatic-biliary centre in Northwest England. Interviews explored life after surgery and sources of support. Data were analysed thematically using constant comparison.

Findings

Analysis of 20 interviews is reported. Participants wanted support post-operatively, but found that asking for help was difficult. They expressed emotional conflict between accepting support from family or community networks and the desire to protect them. They were uncertain of the role of the GP in their ongoing care, recognising that GPs may have little experience with this condition. Participants felt that their GP could play a vital role in supporting them, hoping for greater recognition of physical and psychological sequelae of major pancreatic surgery, as well as the impact on their families.

Discussion

Patients may be reluctant to ask for psychological support. Therefore, an awareness of the patient experience is crucial in order for GPs to proactively offer such support, and enable more effective liaison with specialist care. Understanding cancer's impact on quality of life is vital for the development of improved support interventions.

Physician Associates supporting patients in mental health presentations and practice teams

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Physician Associates (PAs) remain a relatively new role, but funding incentives such as preceptorship schemes¹ and the more recent Additional Roles Reimbursement Scheme have increased their popularity in the primary care workforce. There has been an increasing focus on mental wellness over the last few years and during the COVID-19 pandemic, and this poster demonstrates how PAs in different stages of their primary care careers can be utilised to help with this workload, alongside managing physical complaints. PAs are a unique practitioner as they are not doctors, but are trained to a central curriculum based on the medical model, which includes training and placements in Psychiatry (amongst other specialties²) prior to qualification. As primary care has largely moved towards remote consultations³, this may also be a means of aiding the transition of PAs who had little experience of or exposure to this new way of working. Through a series of short case studies taken from a cohort in Sheffield, this poster demonstrates how PAs are able to assess and manage mental illness in primary care; with their scope increasing as experience builds. The PAs are clinically able to 'hold' patients that benefit from such a relationship⁴, and as a complementary member of staff, PAs may even have a positive impact within their teams.

References:

1 Hoskin J, Agarwal R 'Preceptorship scheme for newly qualified physician associates working in general practice in Sheffield' *Clinical Medicine* Nov 2020, 20 (6) e255-e259; DOI: 10.7861/clinmed.2020-0221

2 Competence and Curriculum Framework for the Physician Assistant (2012) accessed on 01/04/21

<https://www.fparcp.co.uk/about-fpa/overview/>

3 COVID-19 video consultations and homeworking <https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-video-consultations-and-homeworking>

4 Cocksedge S, Greenfield R, Nugent G K, Chew-Graham C 'Holding relationships in primary care: a qualitative exploration of doctors' and patients' perceptions' *British Journal of General Practice* 2011; 61 (589): e484-

e491. DOI: <https://doi.org/10.3399/bjgp11X588457>

Behavioural Activation in Social IsoLation (BASIL): A psychological intervention to mitigate depression and loneliness in older adults with long-term conditions during the Covid-19 pandemic

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The problem

The Covid-19 pandemic has had a disproportionate psychological impact on older people; addressing this impact is an NHS priority.

The approach

The BASIL (Behavioural Activation in Social IsoLation) programme aims to evaluate the clinical and cost effectiveness of a brief psychological intervention [based on Behavioural Activation (BA) and Collaborative Care (CC)] to improve depressive symptoms and tackle loneliness in older adults with physical-mental multimorbidity during isolation. BASIL has Urgent Public Health status.

The BASIL pilot trial explored the feasibility of recruiting and retaining older adults (65+ years) with two or more long-term conditions to the study, and remote delivery of the intervention by support workers (SWs). Participants identified via primary care and randomised 1:1 to receive the BASIL intervention or usual care with signposting information. Study and recruitment processes, intervention delivery and SW training were adapted to comply with Covid-19 restrictions. Data collection via telephone. The BASIL intervention is supported by a self-help booklet and involves supporting older adults to identify the link between mood and behaviour, stay active within their homes, develop strategies for anxiety surrounding easing lockdown restrictions, and facilitating communication with the older adults' healthcare team as part of a CC framework.

Findings

Ninety-six participants recruited over 18 weeks, 46 out of 47 participants commenced intervention sessions. Follow-up rates: 94% at 1 month, 90% at 3 months post-randomisation.

Consequences

It is feasible to adapt recruitment processes in a BA-intervention trial in older adults during isolation. These findings informed the definitive main trial (BASIL⁺).

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Delivering Research, through a PPI lens

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Patient and Public Involvement (PPI) is recognised as a vital component of research, keeping studies grounded from concept, design and management through to interpretation and dissemination.

The BASIL (Behavioural Activation in Social IsoLation) research programme aims to evaluate a brief psychological intervention (Behavioural Activation and Collaborative Care) for older people with health conditions to mitigate depression and loneliness during the COVID-19 pandemic. The BASIL intervention was adapted from an existing study (Multi-Morbidity in Older Adults - MODS) and it was for MODS that we first formed our PPI Advisory Group (PPI AG).

We will present our research through a “PPI lens”, to demonstrate the depth and breadth of their involvement.

Our PPI AG members reflect our study population and includes older adults with experience of long term health conditions, depression and/or caregiver experience. We were working closely with our PPI AG when the COVID-19 pandemic arrived – we all had to adapt to working remotely and we will discuss how this was achieved with our PPI AG.

We will highlight key ways the PPI AG have enabled their continued involvement in the study and describe the changes that have been implemented as a result of their valuable input. We will discuss how PPI AG meetings are a forum for connecting people in a remote world where social isolation has increased. Finally, we will outline how we strive to work ever more collaboratively with our PPI AG as the study progresses. This work will be presented in collaboration with our PPI group.

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Title: Modification of a psychosocial intervention for older adults with multiple long-term conditions in response to COVID-19 context: The 'Behavioural Activation in Social IsoLation' Pilot Study (BASIL):

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The problem

Older people (OP) with long-term conditions (LTCs) are at particular risk from COVID-19 infection. Also, COVID-19 restrictions could impact negatively on the mental health of this population in which the risk of depression is increased by around 2-3 times. The Behavioural Activation in Social IsoLation (BASIL) study aimed to prevent or ameliorate depression and loneliness in OP with multiple LTCs by modifying an existing psychosocial intervention (Behavioural Activation within a Collaborative Care framework) for delivery with this group.

Approach

Intervention mode of delivery, supporting materials and support worker (SW) training were adapted to specifically consider social isolation and COVID-19 restrictions, and discussed in a co-design online stakeholder workshop held with OPs, caregivers, health and social care professionals and researchers. The study's Patient and Public Involvement (PPI) group also met online to discuss intervention materials.

Learning

Final intervention modification included: Earlier focus on diary planning and linking this with mood monitoring, adding language around social isolation, planning for social contact, supporting older adults to use IT and access health care, finding a functional equivalence of OPs' most valued activities and an increased focus on anxiety, with strategies added to manage worry. The SW manual, training, and the intervention self-help booklet, which included patient stories, as well as study recruitment methods were also modified.

Consequences

This work enabled the rapid modification of an existing intervention for use within a new Urgent Public Health trial, focussed on addressing mood and social isolation in older adults with LTCs during COVID-19.

WC 243 (excluding title and headings)

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How not to ‘grab and go’: Facilitating meaningful and ethical community engagement in ethnicity and mental health research

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Funders increasingly require patient and public involvement (PPI) in research. In the field of mental health, the involvement of people from ethnic minority communities is critical to tackling entrenched inequalities in access, experience and outcomes. PPI activities vary considerably and the importance of engagement style, and its impact upon the ‘ethical quality’ and integrity of PPI-researcher collaborations, has received minimal attention.

In this presentation, we consider the implications of different styles of engagement drawing on our individual, and collective, experiences of collaboration from academic (NB) and community mental health organisation (SH) perspectives. We argue that ethical and meaningful PPI engagement in the field of ethnicity and mental health is critical to tackling inequities in services and research. The potential implications of poor-quality engagement are manifold and can have far-reaching negative consequences. Superficial and tokenistic ‘tick box’ engagement risks (re)creating poor experiences, relational ruptures and contribute to further mistrust and avoidance of institutions. We have witnessed how a ‘grab and go’ style of engagement creates negative experiences that are held and remembered in ethnic minority communities and community organisations, and result in mistrust of research, researchers, research institutions and services. We discuss the importance of co-creating ethical, humanising and empowering engagement as a way of becoming a part of the solution (and not the problem) in health inequity research.

We define and conceptualise meaningful and ethical community engagement using our collaborative work as a case example.

Primary care markers of the course of dementia: validation through linkage to cognitive function recorded in secondary care records

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The problem

Dementia impacts on the lives of individuals, families and caregivers. Improved measurement of the course of dementia could improve estimation of prognosis, and aid planning and monitoring of care.

The approach

A set of primary care electronic health record (EHR) markers of dementia-related health, associated with hospital admission, palliative care, and mortality, has been established. This study tested the validity of these markers as a measure of dementia progression with comparison to cognitive function assessments.

1000 individuals consulting a secondary care dementia service were invited to participate. Consent was sought to link cognitive assessment scores recorded in the dementia service to their primary care EHR. 63 individual markers within 13 domains were examined. The number of recorded domains were compared to cognitive assessment scores cross-sectionally and longitudinally.

Findings

258 (26%) patients consented. Cross-sectional analysis was undertaken in 93 patients whose primary care EHR were obtained. Individuals with ≥ 4 domains recorded in primary care in the previous 12 months had poorer cognitive function scores than those with 0-2 domains (mean difference -1.6; 95% confidence interval -3.8,0.6).

Longitudinal analysis was undertaken in 56 patients with two cognitive assessment scores ≥ 12 months apart. Individuals with more domains recorded between assessments had poorer cognitive function after adjustment for first assessment score (≥ 6 vs 1-3 domains -2.5; -5.5,0.6 and 4-5 vs 1-3 domains -1.0; -3.4,1.3).

Implications

This study highlights the potential of primary care EHR to monitor progression of dementia and the challenges in conducting this type of research.

Funding acknowledgement:

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Revisiting psychodynamics in primary care: two birds with one stone?

Authors: Dr Lara Shemtob (ACF GPST2 Imperial College London) & Dr Rathy Ramanathan (Sessional GP, East Berkshire Primary Care Out of Hours and Charing Cross Scheme Psychiatry Trainee)

The primary care landscape is changing, catalysed by the COVID-19 pandemic but railroaded by longer-term policy objectives. We discuss the shift towards remote consulting, asynchronous consulting and flexible working patterns for GPs. We consider the impact of these new ways of working on the doctor-patient relationship, within a patient population that is more complex and diverse than ever. The GP Patient Survey data demonstrates that complex patients seek continuity, and we consider ways of finding space and preserving continuity for these patients.

We revisit the potential of Balint groups for GPs, and the need for a stronger understanding of personality disturbance and its origins within primary care. We consider the scope of integrated locality teams, and examples of good outcomes from longer GP appointments for complex patients. We look towards policy plans that are bringing mental health services closer to primary care and discuss the potential of this shift. Mental health teams working side by side with GP surgeries bring opportunities for skill sharing and a move away from compartmentalisation. Together, the GP and mental health workforce can capitalise on placed based models of care to enable teams to think psychodynamically about patients, with the aim of achieving better holistic care in the community.

Barriers and unmet expectations: A scoping review of Central and Eastern European community members' use and perceptions of UK General Practice

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Background

Around 2 million people have migrated from Central and Eastern Europe to the UK since 2004. Inequality in accessing and engaging with services has been reported in the literature. The health and healthcare beliefs of the UK-CEE communities remain under-researched, particularly with regards to community cultural perceptions of primary care. We conducted a systematic scoping review to explore what is known about UK-CEE individuals' use and perceptions of general practice within the UK.

Methods

A systematic database search identified 2094 publications meeting search criteria. 65 publications demonstrated relevance to: "general practice", "GP", "family medicine", "family practice", "primary care", "doctor" (community healthcare context); a clear focus on UK-CEE migrants; and healthcare perceptions/engagement. Data were extracted, coded, cross-checked and critically appraised. We used thematic analysis employing constant comparison to generate higher order thematic constructs. Community stakeholder appraisal and validation was sought.

Results

UK-CEE representation was achieved nationality, gender and UK location. Persistently low levels of GP registration were recorded. Community member ability, desire and actual/perceived need to engage with GP was shaped by an intersectionality of cultural and sociodemographic characteristics. Difficulties overcoming barriers were common, with health expectations frequently unmet. Embedding of distrust and dissatisfaction promoted alternative health seeking approaches. Marginalised UK-CEE community subgroups had particularly poor levels of GP engagement and outcomes.

Conclusion

Approaches to remove barriers to general practice access and care for UK-CEE individuals are needed. Greater exploration of the commonalities and differences in UK-CEE health seeking and care expectations is required to identify what works for whom and why.