NHS

EDITION 11

noclor
RESEARCH SUPPORT

Research Matters

NEWSLETTER WINTER 2018

Contents

Making research everybody's business

First thoughts...

Communities that are often overlooked by mental health services feature strongly in this 11th edition of the Noclor newsletter, highlighting the innovative research that is seeking to improve lives.

Professor Mike Crawford (Page 4) discusses his work with people with personality disorder, and the new intervention he and his team have developed to help this disadvantaged group to better understand how to live with the challenges.

We report on a culturally-adapted talking therapy trial (Page 3) to improve quality of life for hard-to-reach British South Asian mothers, who experience a higher level of postnatal depression than the rest of the general population.

We also look at how getting people with schizophrenia to confront their own computer-generated avatars (Page 13) can help to reduce the effect of auditory hallucinations.

Dr Brynmor Lloyd-Evans (Page 6) discusses the new NIHR Mental Health Policy Unit, which will provide the first fast-response resource of its kind for policymakers.

The first UK study into whether mindfulness-based therapy (Page 10) can help people who have undergone bariatric surgery to maintain weight loss will help to inform new post-operative national guidelines.

The PRIMENT clinical trials unit (Page 12) has been leading the way in primary care and mental health research for more than a decade. Professor Irwin Nazareth talks about the challenges of being at the forefront of best practice.

And the PrEP Impact trial (Page 8) – offering individuals at high risk of HIV infection the chance to take medication that has already been proven to prevent infection – aims to gather information about how PrEP would be used before it is considered for routine care on the NHS.

Visit our website (**http://www.noclor.nhs.uk**) or follow us on Twitter (**@NoclorResearch**) for more research news and details of how we support the vital work carried out by our partner trusts in London. We welcome your feedback, as well as suggestions for future issues.

Lynis Lewis, Service Director
NOCLOR RESEARCH SUPPORT

Key Contacts

The Noclor Research Support team is here to help you with research. So please feel free to contact our various teams.

For queries relating to Research Management and Support:
contact.noclor@nhs.net

Funding and Finance queries:
finance.noclor@nhs.net

Looking for advice with or interested in a project in Primary Care? Contact:
primarycare.noclor@nhs.net

Keen to learn more about our free training courses, or to offer content suggestions for future Noclor publicity material? Contact:
irina.grinkova@nhs.net

If you would like to get in touch with our Service Director, Lynis Lewis, please contact:
irina.grinkova@nhs.net

Postnatal depression study targets cultural barriers

The world's largest trial of group cognitive behaviour therapy for postnatal depression (PND) in South Asian populations is seeking to improve quality of life for mothers in the UK.

Nearly one in five (19%) British South Asian mothers experience PND, compared with 15% of the general population. However, language and cultural barriers make it difficult for them to access healthcare, leading to inequality of provision.

To address this, the ROSHNI-2 study – led by the University of Manchester, with trial centres in London, Leeds, Glasgow and the East Midlands – will test a culturally-adapted talking treatment for British South Asian mothers with mild to moderate PND who have a child up to 12 months old.

The study, which runs until 2020, has received a £1.7million grant from the NHS National Institute for Health Research's Health Technology Assessment programme. Overall, it is seeking to recruit 750 participants.

Dr Ilyas Mirza, a consultant psychiatrist at Barnet, Enfield and Haringey Mental Health Trust, is the NHS lead and principal investigator for the London site. He says: "If a mum is depressed it has implications not only for her, but also for infant development.

"Postnatal depression is a big issue among British South Asian women, who are vulnerable because they are hard to reach. The idea of this intervention is to harness the power of the group to magnify the effectiveness of cognitive behaviour intervention."

The London trial is aiming to recruit 180 women through primary care and children's centres. The programme, delivered in the women's spoken language, comprises 12 sessions with nine mothers per group over a three-month period. Topics will include the vicious cycle of depression, managing self-esteem, religion and spirituality, and social isolation.

To ensure that the women are able to fully participate, they will choose a meeting location they are comfortable with, and a creche will be provided for the children.

The mood of group members will be measured at the beginning and end of the study. Evidence from a 2013 pilot trial with 12 British South Asian mothers in Manchester showed a marked improvement in wellbeing, with participants reporting positive lifestyle changes.

"The feedback from other sites is that, by sessions seven and eight, participants become highly engaged with the intervention and some of them are able to lead the process," Dr Mirza says.

"We will wait to see whether that happens in London. But at the launch in November, the response was certainly energetic and passionate from all the stakeholders."

● More information: **http://bit.ly/2G1JB8B**

Personal touch gives new hope to disadvantaged

Q&A: Mike Crawford, professor in mental health research at Imperial College London, explains why he chose to work with one of the most poorly-served groups in psychiatric care.

Q. What inspired you to focus on personality disorder in your research?
A. I wanted to work with people who didn't necessarily get a good service from healthcare. During my psychiatry training, it became apparent to me that there was a disadvantaged group of people regularly presenting to services who were simply being patched up by the NHS following self-harm or a crisis.

The fact that they kept coming back suggested that this approach wasn't working. The clinicians – doctors and nurses – and patients were all dissatisfied with the quality of the care being offered, so I felt we needed to do something better.

Q. How do you define personality disorder?
A. Patterns of behaviour such as the way a person deals and copes with setbacks at times of stress seem to be laid down quite early on in life. They are partly the result of temperament, but the environment we grow up in is also important in determining how confident we feel in ourselves and in our relationships with others.

"We are not attempting to change people's personalities but to give them a better understanding of how they can live with the difficulties"

Some people are very calm and level-headed, some are rather boring, and some are hot-headed and temperamental – particularly those who have had an unsettled start to life. Some people have very poor relationships with others, associated with poor quality of life and poor mental health. It is this extreme end of normal personality that we think of in terms of personality disorder.

Q. What is the background to the new intervention you have developed, and what is its aim?
A. Twenty years ago, there was little in the way of services for people with personality problems, but psychological treatments have since been developed that appear to make a difference.

However, they are complex treatments that involve being with groups of other people with personality difficulties, and many people who have personality disorder find the idea of groups very difficult.

The treatments do have an impact, but they take a long time – one to three years – and this means that we deliver them to very few people. I work as an honorary consultant psychiatrist at the Waterview Centre – a specialist service for people with personality disorder, provided by Central & North West London NHS Foundation Trust – and we are able to provide the service to 30 people.

However, this is for the whole of Westminster and Kensington & Chelsea – an area with a population of more than a quarter of a million. It means that most people with personality disorder are not offered evidence-based treatment.

To try to address this, we have developed a short-term intervention called Psychological Support for Personality (PSP), in collaboration with people who have lived experience of personality disorder. PSP consists of a person-centred assessment of personality and current difficulties, and information and discussion about the nature of personality problems.

Over a series of six to 10 sessions, the intervention focuses on psychological approaches that can help people live better with their personality difficulties. We are not attempting to change people's personalities but to give them a better understanding of how they can live with the difficulties that personality problems can create.

"Patterns of behaviour such as the way a person deals and copes with setbacks at times of stress seem to be laid down quite early on in life"

There are about a dozen people in the trial so far and we are aiming to complete recruitment by the end of May. We have a target of 60 patients for this feasibility study, and we hope to achieve that with the support of the community mental health teams.

Q. What is your most pleasing professional achievement to date?
A. A few years ago, I co-chaired the NICE guidelines committee on service-users' experiences of mental healthcare. It was a different kind of committee because it was made up equally of people who use and who provide services. I was a co-chair alongside a researcher who had first-hand experience of poor mental health. It was a great experience, and the standards set have gone on to influence the development of mental health services.

Q. What are your hopes for mental health research in 2018?
A. On a personal level, there are two exciting new projects starting up this year. One is looking at the high levels of sexual dysfunction of people with psychosis – a topic that is of great concern to many service-users. This dysfunction has an impact on intimacy, relationships and quality of life, but it is a very under-researched area. The other project will be looking at pharmacological treatments for people with personality disorder.

In terms of mental health services research in general, one of the biggest problems facing the country is the workforce issue. We simply do not have enough staff to deliver treatments in the way that we have done in the past.

Clearly, we need to train more staff. However, given the current financial situation, we have to look at how we can work alongside service-users and peer support workers, and also work with other graduates, to develop a stronger mental health workforce.

Rapid-response unit revs up for mental health challenge

PROFILE: Dr Brynmor Lloyd-Evans, joint deputy director of the new NIHR Mental Health Policy Research Unit, on balancing policymakers' demands with the need for scientific rigour.

Until now, there hasn't been one go-to place mental health policymakers can seek evidence from. There are policy research units in other areas, but the NIHR Mental Health Policy Research Unit is new to this field.

The unit, commissioned by the Department of Health, has been given five years' funding. The aim is to provide advice to the DoH, partners and arm's-length bodies – such as NHS England and Public Health England – on research that can help policymakers make decisions. We launched formally in November last year, so we're still getting the structures in place.

"The aim is to be able to link an expert with a policymaker within hours or days, and to provide briefing papers within a week"

The brief from the DoH has three themes: prevention, access and quality of mental healthcare. So it's not just about how specialist mental health services work, but also how to intervene early to try to either prevent serious mental health problems or improve access for people who are currently unable to reach services.

For instance, we know that child mental health has a comparative lack of research and resources, and is an example of where prevention would be relevant.

We're a joint team from UCL and King's College London, led by Professor Sonia Johnson, an academic psychiatrist, and Professor Paul McCrone, a health economist. City University and Middlesex University are also working with us, as well as a third sector partner, the Centre for Mental Health.

I'm a social worker by background, so I bring a social care perspective. I'm also a fairly experienced academic who has worked mainly in applied mental health research projects relating to service delivery, such as quality improvement in services.

I've recently finished managing a large core study into mental health crisis care, led by Camden & Islington NHS Foundation Trust.

The new unit will commission projects on policy-relevant topics and we will also have a response function. Our brief will be more dependent than most research projects on what policymakers want, so we're responsive rather than agenda-setting.

"One of the big challenges will be marrying the expectations and ways of working of policymakers with those of academics"

We are creating a national network of about 50 experts across various subject specialisms and methodological areas, so that we can rapidly tap into expertise across the country.

The aim is to be able to link an expert with a policymaker within hours or days, and to provide briefing papers summarising current evidence within a week.

A number of projects have been commissioned to meet more medium-term needs over the course of a year or two.

For example, we are reviewing different types of community-focused projects to promote social participation and looking at how their mental health impact has been evaluated.

This can help inform the development of public health initiatives to encourage more inclusive, health-promoting communities in future. We haven't got the time or the budget to do any long trials.

We are working directly with policymakers to address the applied practical questions they need answers to within the required timescale.

Rather than saying, "Wait five years and then we'll submit our paper for publication", we're trying to provide a prompt, useful response, while still retaining scientific rigour in what we do.

A current priority is the planned reform of the Mental Health Act. We've been supporting the work of the MHA review team, which was set up by the government and has to provide a report by the autumn.

Four systematic reviews are under way, looking at the evidence regarding people's experience of compulsory admissions, international comparisons of legislative systems, and the effectiveness of interventions to reduce compulsory admissions. We are also analysing routine mental health records data to fill gaps in current knowledge about who is being detained, and in what contexts the well-documented rise in compulsory admissions is occurring.

The big challenges will be marrying the expectations and ways of working of policymakers with those of academics, treading the line of doing good-quality, rigorous work while responding quickly to immediate needs.

Although our agenda is set by the DoH and affiliated bodies, we want to have as much involvement as possible with all stakeholders.

There is a big public involvement element to the work. A service-user and carer involvement co-ordinator will help to set up a working group of about a dozen people with lived experience of using services and carers that will contribute to work we do throughout the year.

Adverts are out for the working group at the moment.

We're also working with the National Survivor User Network – which has more than 4,000 members – to recruit our working group, and also to consult and engage more widely on specific projects.

● More information: **http://bit.ly/2DCN3be**

Recruits boost hopes of big impact on HIV rates

Sexual health clinics in England are being invited to sign up to a trial investigating how the NHS can provide pre-exposure prophylaxis (PrEP) as part of routine practice for people at high risk of HIV infection.

The single-tablet PrEP is made up of a combination of two antiretroviral drugs that have been part of a treatment regimen for HIV for many years. The patient either opts for a daily tablet or takes a short course before sex.

Previous trials have shown that PrEP is very effective in preventing infection in individuals who are HIV negative.

The PROUD study (Pre-exposure Option for Reducing HIV in the UK) from 2015-16 was a randomised trial in which one group of patients started to use PrEP immediately and the other group was started on PrEP 12 months later.

The results showed an 86% reduction in the incidence of infection in the treated group.

Having established that PrEP is highly effective if taken regularly, NHS England agreed to support the wider use of the drug. However, before making a final decision about rolling it out as routine care, they wanted more information.

This is where the PrEP Impact study comes in: 10,000 patients recruited will be offered PrEP over two years, then followed up for at least another two years.

The trial, in which all participants will receive the same medication, is funded by NHS England, managed by Public Health England, and co-ordinated by St Stephen's Clinical Research.

Dr Richard Gilson, research lead for sexual health at Central and North West London NHS Foundation Trust and deputy director of the UCL Institute for Global Health, is the local principal investigator for the PrEP Impact study.

"By far the largest group at risk of HIV infection attending clinics in London is men who have sex with men (MSM) and who report unprotected sex," he says.

"Many other groups are also at risk, including heterosexuals who have HIV positive partners, and transgender men and women. But the vast majority – more than 500 – of the people we've recruited are MSM."

The aim of the trial is to find out more about how PrEP would be used – and, therefore, what the long-term implications of providing it as routine care would be for the NHS.

It hopes to discover what proportion of patients attending clinics might be eligible and, of those who decide to take it, whether they would continue to do so over a long period or take it only at times in their life when they were more at risk.

Last October, the Mortimer Market Centre in central London became one of the first clinics to join the trial, and rapidly moved close to completing recruitment of its allocated number of 560 participants.

Dr Gilson says: "PrEP Impact is unusual among trials we run, in that it isn't a trial of effectiveness, but a trial of the use of a medication in routine practice.

"It is the largest recruitment effort we've ever done. Often it's difficult to persuade people to take part in trials, but that's certainly not been the case with this one.

"There has been such huge interest that it's been a matter of managing the demand. We've almost recruited all our MSM allocation of places, although we still have room for people from other groups."

● More information:
https://www.prepimpacttrial.org.uk

TRIAL TARGETS CARDIO RISKS LINKED TO MENTAL ILLNESS

The increased risk of cardiovascular disease in people with severe mental health problems is the focus of a new UCL study published in the Lancet Psychiatry journal.

The Primrose trial, which aimed to evaluate the effects of a primary care intervention on decreasing total cholesterol concentrations and cardiovascular disease in the target group, was led by David Osborn, professor of psychiatric epidemiology at UCL.

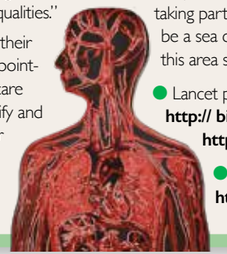
He says: "People with severe mental illnesses are still dying 10 to 20 years younger than their counterparts, even when you account for things such as social deprivation. This trial was asking what we could do to try to decrease those inequalities."

Participants in the trial received either their usual GP practice care, or up to 12 appointments with a practice nurse or healthcare assistant at their local practice to identify and monitor goals related to cardiovascular health.

Their cholesterol was measured, and information on health service use and how much this cost was collected. Cholesterol concentration at 12 months, although reduced, did not differ between the intervention and treatment-as-usual groups.

However, a potentially cost-saving outcome was that the Primrose group, which had seen the same nurse at least six times during the study, underwent fewer admissions to psychiatric hospital than the comparison group, which didn't have continuity of care from a practice nurse or healthcare assistant.

Although more work needs to be done, Professor Osborn is pleased with how the trial went. He says: "People are actually interested in taking part in this research. That seems to be a sea change – that people are taking this area seriously."

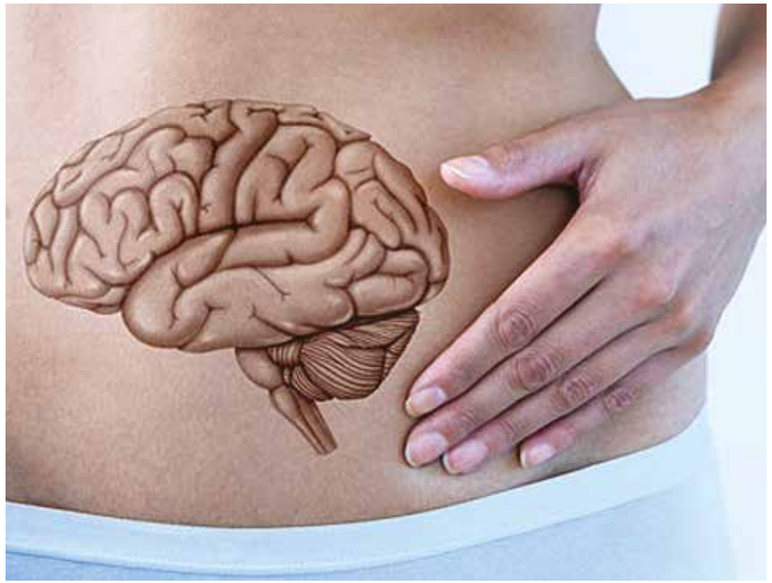


● Lancet paper text and podcast:
http:// bit.ly/2GsMIXt and
http://bit.ly/2Gsw7CO.

● More on Primrose at
http://ucl.ac.uk/primrose

Mind really matters in trying to beat obesity

The green light has been given for the first UK study into whether mindfulness-based therapy is effective in helping to promote long-term weight maintenance and psychological health after bariatric surgery.



A research for patient benefit (RfPB) grant has been awarded by the National Institute for Health Research (NIHR) to look at the post-operative psychological management of bariatric surgery, using acceptance and commitment therapy (ACT).

The study will be run by Dr Samantha Scholtz, R&D director at the West London Mental Health NHS Trust and a consultant psychiatrist specialising in the management of obesity-related disorders and bariatric surgery. She will work in collaboration with Elizabeth Barley, professor in health and wellbeing at the University of West London.

Dr Scholtz has been involved in bariatric surgery for 11 years, providing psychiatric support to more than 2,000 patients. She says that although the pre-operative pathway to bariatric surgery is very successful, the post-operative pathway isn't.

In fact, a quarter of patients experience significant weight regain after bariatric surgery, along with the return of the associated issues – including psychological problems and stigma.

"This is a group of patients that is stigmatised and faced with a lack of information and misunderstandings"

Dr Samantha Scholtz

She says: "My hypothesis is that if we enable people to have good strategies to manage their emotions after surgery and align their behaviours with their values, which is what ACT is all about, then we will help them promote the kind of behaviours that are going to allow weight maintenance.

"In terms of bariatric psychology, we need to focus more post-operatively in places where it's going to support the long-term success of the surgery. Otherwise, people will be having re-operations, which are a huge cost for the healthcare system."

The three-year trial, which starts in May this year, will look at participants' weight, psychological indicators of depression, eating behaviour, and acceptability of intervention.

Patients will be followed up for two years after the intervention. The results of the randomised controlled trials will feed back directly into the clinic in terms of post-operative support for patients. They will also inform national guidelines, which Scholtz says is essential in order to provide the post-operative direction and guidance that is currently lacking in bariatric surgery.

"This is a group of patients that is stigmatised and faced with a lack of information and misunderstandings about the physiology of obesity," Dr Scholtz says. "The assumption that people just need to exercise a bit more and eat a bit less, then they'll lose lots of weight, is patently wrong.

"I strongly feel that we need to be supporting those patients by giving them psychological interventions with the right type of support so that they keep the weight off long-term."

● For more information, contact: **samantha.scholtz@lms.mrc.ac.uk**

PHARMA GIANT'S BIG BLOW FOR DEMENTIA RESEARCH

The announcement in January that Pfizer, the US-based pharmaceutical giant, will end its neuroscience discovery programmes has been described by the Alzheimer's Society as "disappointing" and a "heavy blow" to people living with dementia.

Pfizer's decision to pull out of research into drugs to treat Alzheimer's also means they will stop looking to develop treatments for Parkinson's disease.

Professor Tara Spires-Jones, a neuroscientist at Edinburgh University, told BBC Radio 4's Today programme there is still cause for hope as "not all pharmaceutical companies are pulling out and there are over 100 clinical trials at the moment".

She said companies were justifiably cautious as "more than 99% of trials for Alzheimer's drugs have failed in the last 15 years. We've learned from these failures that we need to take a step back. We need to understand the complexity of the brain."

UCL unit's prime time in clinical trials successes

For more than a decade now, the PRIMENT clinical trials unit (CTU) based at UCL has been successfully showcasing best practice in research focused on primary care and mental health.

The unit, founded in 2007, specialises in trials in the community, occasionally including hospital care. At any one time, there are seven or eight trials actively recruiting, with others launching or at the analysis stage.

And all this is achieved with no core funding, as PRIMENT is reliant on external grants.

"It's a challenge," admits Irwin Nazareth, Professor of Primary Care and Population Science at UCL and co-director of PRIMENT. "But we have managed to retain very senior academics within the unit for the 10 years we've been going.

"Although we are within an academic institution, we operate like a business, having to justify our existence through every successful grant we receive. Nevertheless, it ensures that we are efficient in the running of the unit."

> **"We operate like a business, having to justify our existence through every successful grant we receive"**
>
> **Professor Irwin Nazareth**

Limited staffing and finances mean the team can cope with only 25 to 30 concurrent trials. Initially, the CTU undertook research led by any university within the UK, but PRIMENT eventually had to restrict trials to UCL as the demand for collaboration increased.

However, the team will still consider research led by another university if the topic is of interest to PRIMENT, and if the CTU has specifically been approached by an external collaborator because of its expertise on the topic.

For instance, the unit recently took on a study on transgender from the Tavistock and Portman NHS Foundation Trust that required expert knowledge of sexual health and behaviour. PRIMENT is one of the few CTUs in the country that can offer such expertise.

An example of the best practice that has helped to build the unit's reputation is a large study by the National Institute for Health Research (NIHR) on encouraging smokers who are resistant to change to engage with the NHS smoking cessation services. Professor Nazareth says the CTU has reason to be particularly proud of the trial because, despite the difficulties of recruiting a population of resistant smokers, the team managed to enrol 4,500 people in general practices across the UK. They were followed up over 12 months – and the task was achieved in record time.

To progress from a research idea through to publication usually takes about eight years. Early ideas on the development of the smoking cessation research started in 2010 and the study was completed in 2016, resulting in a high-impact paper in the Lancet medical journal in early 2017.

What about the future? "PRIMENT is financially viable, but, like any business, we worry about what is going to happen five years down the line," Professor Nazareth says.

"If at any stage NIHR decided to disinvest in clinical trials, we would have to think about our next step. However, I do not foresee that happening. The NIHR portfolio has been so successful that I feel confident we will carry on in the same way we have done for the last 10 years, going from strength to strength."

Resistant smokers have been recruited to NHS cessation services

● More information:
http://ucl.ac.uk/ictm/about/priment

AVATARS HELP SILENCE VOICES HAUNTING SCHIZOPHRENICS

Speaking to an avatar on a computer screen has been found to reduce dramatically the threatening and distressing auditory hallucinations experienced by people with schizophrenia.

In what is being hailed as an important development in the treatment of the mental disorder, King's College London and UCL recently completed a trial of 150 people who had been hearing voices for more than a year, with half of the participants given avatar therapy and the other half given counselling.

Avatars created by patients taking part in the innovative therapy. *Image: KCL*

Avatar therapy – a new treatment approach invented by Julian Leff, emeritus professor of mental health sciences at UCL – involves the patient creating and controlling a computerised representation of the voice they hear.

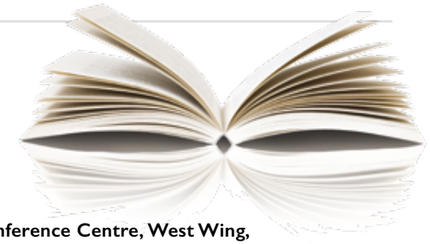
A three-way conversation takes place between the patient, the avatar and the therapist, in which the patient is encouraged to challenge the avatar. The idea is that they take back control from the voice they are hearing.

For example, the avatar might say: "You're pathetic. How come you're so confident?" And the therapist would encourage the patient to respond along the lines of: "Go away, I'm not going to listen to you any more."

Tom Craig, professor of social psychiatry at KCL's Institute of Psychiatry and author of the study, says: "After 12 weeks, there was dramatic improvement compared with the other therapy [counselling]. With a talking head, patients are learning to confront and get replies from it. This shifts the idea that the voice is all-controlling."

Before the avatar therapy is made widely available on the NHS, it needs to be trialled at other centres. But Professor Craig says the findings are a "significant advance" in treating auditory hallucinations.

Pathways to training opportunities



The following sessions are being hosted by Noclor and our associates. All the sessions are free and open to all staff who have an interest in research (including doctors, dentists, nurses, research assistants), and who are working in or associated with our partner Trusts. Sessions will take place at St Pancras Hospital Conference Centre, West Wing, 4 St Pancras Way, London, NW1 OPE, unless listed overwise. For details see *noclor.nhs.uk*

- **Mon 12 February** *13:00-17:00*
  Good Clinical Practice in Research
- **Tue 13 February** *9.30-17:00*
  Essential Skills for Clinical Research Nurses
- **Wed 14 February** *13:00 -17:00*
  Informed Consent in Clinical Research
- **Wed 14 February** *17:30-19:30*
  Principal Investigator in Research
- **u 15 February** *9:30-13:30*
  Setting up and Managing e Trial Master File
  Whittington Education Centre
- **Fri 16 February** *14:00-16:00*
  Principal Investigator in Research
- **Wed 21st February,** *14:00-17:00*
  Critical Appraisal Skills Training Workshop
  (Quantitative Sessions)
  IT Training Suite
- **Wed 7 March** *10:00-13:00*
  Critical Appraisal Skills Training Workshop
  (Qualitative Sessions)
  IT Training Suite,
- **Tue 1st May** *13:00-17:00*
  Good Clinical Practice in Research
- **Wed 2nd May** *9.30-17:00*
  Essential Skills for Clinical Research Nurses
- **Wed 2nd May** *17:30-19:30*
  Principal Investigator in Research
- **u 3rd May** *13:00 -17:00*
  Informed Consent in Clinical Research
- **Fri 4 May** *9:30-13:30*
  Setting up and Managing e Trial Master File
  Whittington Education Centre

Whittington Education Centre, The Whittington Hospital, Magdala Avenue, London, N19 5NF
IT Training Suite, The Peckwater Centre, 6 Peckwater Street, Kentish Town, London, NW5 2TX

For information and bookings of Noclor courses, visit ***www.noclor.nhs.uk*** to download your booking form. If there is a training subject that your research staff would benefit from that we do not currently offer, please do get in touch with us at: ***irina.grinkova@nhs.net***

Finding research funding

It is possible to apply for funding from the following organisations. This is by no means an exhaustive list and deadlines have not been included. Refer directly to organisation website for application deadlines.

National Institute of Health Research:
http://www.nihr.ac.uk

Medical Research Council:
https://www.mrc.ac.uk

Wellcome Trust:
http://www.wellcome.ac.uk

Cancer Research UK:
https://www.cancerresearchuk.org/#/

Diabetes UK **https://www.diabetes.org.uk**

Health Foundation:
http://www.health.org.uk

King's Fund:
https://www.kingsfund.org.uk

The Association of Medical Research Charities: **https://www.amrc.org.uk/**

More general funding sources can be found at: ***http://www.rdlearning.org.uk***

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

Programme Grants
6 weeks prior to submission deadline.

Research for Patient Benefits Grants
4 weeks prior to submission deadline.

Programme Development Grants
2 weeks prior to submission deadline.

NIHR HTA Grants
4 weeks prior to submission deadline.

Research Council Grants
(MRC, Economic & Social Research Council)
3 weeks prior to submission deadline.

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

YOUNG RESEARCHERS GET £1 MILLION BOOST

Eight early-career researchers will benefit from grants awarded as part of a Biomedical Research Centre (BRC) investment of over £1 million in mental health research projects.

The projects include diagnostic categories and classification, drug repurposing, subjective awareness, risk factors for disease, amotivation, maladaptive memories and delusion.

Professor Rob Howard, BRC Mental Health Theme Lead, says: "We and our partners are committed to building capacity through the support of early-career clinical academic colleagues. Our funding has been allocated in ways that we believe will help the young researchers to gain their own fellowships for the next stage in their careers.

"Special thanks should go to Camden and Islington NHS Trust, UCLH and UCL colleagues and laboratories that have generously hosted and supported the fellows."

Making research everybody's business

noclor
RESEARCH SUPPORT

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twitter.com/NoclorResearch

Editorial content: **Katie Shimmon**
This paper is Forest Stewardship Council certified

Projects currently recruiting

- **Nitrate TOD:** Trial investigating whether dietary inorganic nitrate (70ml of beetroot juice daily for four months) for hypertension-induced target organ damage (TOD) can reduce blood pressure and the associated thickening of the heart (left ventricular hypertrophy) and stiffness of the arteries. As well as access to specialist care, patients will potentially have the benefit of lowering blood pressure without the use of medication. More information: **noclor.norththamescrn@nhs.net**

- **NIDUS:** Stream one of the New Interventions for Independence in Dementia (NIDUS) study, a qualitative exploration of how people with dementia are supported to live independently in their own homes. The study team plans to co-produce interventions with people with dementia, family carers and professionals, using the experiences and views of a broad range of stakeholders to help improve the quality of support. More information: **contact.noclor@nhs.net**