

helper

healthy living & prevention of early relapse

HEalthy Living and Prevention of Early Relapse Programme (H.E.L.P.E.R)

Welcome to the first HELPER Programme Newsletter. HELPER is a 5 year programme grant funded by the National Institute of Health Research (NIHR), based at Lancashire Care NHS Foundation Trust (LCFT). The purpose of the HELPER programme is to develop new interventions to help young people experiencing their first episode of psychosis. Participants into the research programme are recruited from the Early Intervention Service and aged 18-35yrs. The programme is split into 3 main workstreams and includes 2 qualitative studies and 3 clinical trials:

Healthy Living Intervention

This intervention will address obesity, one of the most serious physical side effects of antipsychotic medication. This workstream incorporates a qualitative study and a clinical trial (INTERACT Trial).

Cognitive Remediation

Targets cognitive deficits that predispose people to poor insight and hamper participation with other therapies, such as cognitive behavioural therapy. This workstream contains 1 clinical trial (IMPACT Trial).

Motivational Interviewing and Cognitive Behavioural Therapy

This intervention is directed at substance misuse, a risk factor for relapse and deterioration in health. This workstream incorporates the ASPIRE qualitative study and 1 clinical trial (ReCAP Trial).

If you have any queries or would like further information regarding HELPER please contact:

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Lead Researchers:
Professor Karina Lovell & Dr Alison Wearden

Research Assistants:
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Substance Misuse Workstream:

Lead Researchers:
Professor Christine Barrowclough
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Cognitive Remediation Workstream:

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Healthy Living Intervention

Healthy Living Intervention Focusing on Diet and Exercise

This workstream contains 2 phases:

Phase 1 Development:

The purpose of this phase, which has now been completed, was to identify the active ingredients of a Healthy Living intervention to control weight in people after a first episode psychosis. The research team developed an evidence based, acceptable and feasible protocol for the intervention, and designed a training programme for the delivery of a Healthy Living intervention.

Four pieces of work were completed during phase 1:

We updated a previous systematic review (Bradshaw et al, 2005) of lifestyle interventions for people with psychosis. We carried out 13 interviews with EIS users to elicit their beliefs about psychosis, obesity, weight control, and neuroleptic medication; and asked them about the type of intervention they would be interested in. We incorporated theory (Leventhal's Self Regulatory Model) into the intervention, and also paid attention to making the intervention culturally sensitive. We consulted with professionals and carers about the format of the proposed intervention.

We synthesised the information obtained from these pieces of work to design our intervention.

Phase 2 Evaluation:

In this phase the research team will conduct a Randomised Controlled Trial (RCT) to test the intervention. The RCT is called the INTERACT Trial (INTERvention to encourage ACTivity, improve diet, and control weight gain). Ethical approval for the trial has been granted. The effectiveness of the intervention for helping people to control their weight, eat more healthily, and have a more active lifestyle, will be assessed. The research team will also assess the acceptability and feasibility of the intervention.

To date, we have developed materials for the intervention (including a Healthy Living book for participants and training materials for the workers delivering the intervention). We carried out three days of training at which we were fortunate enough to have the input of four service users who will help to facilitate aspects of the intervention.

We are aiming to recruit 104 participants to the intervention and plan to start recruiting in June 09.

The INTERACT Research team:

Max Marshall, Karina Lovell, Alison Wearden, Tim Bradhaw, Jeff Warburton, & Diane Escott.



Inclusion Criteria

InterAct

Aged 16 to 35
Body Mass Index (BMI) of more than 25, or a BMI of more than 24 for service users from the South Asian community.

Cognitive Remediation

IMPACT (Improving Participation in Cognitive Therapy):

IMPACT, the Cognitive Remediation trial that is part of the HELPER programme, started in autumn 2008. The idea of the trial is to see if we can use cognitive remediation to improve concentration, decision making, and memory; and then to see if this improves people's ability to take part in Cognitive Behavioural Therapy (CBT), which is aimed at helping people find better ways to cope with their symptoms and to make sense of them.

The cognitive remediation will last 40 hours, spread over 3 months, and will involve doing a kind of multi-part computer game based on life in an imaginary town. Different parts of the game depend on practicing different skills, like planning, memory, concentration, and so on. Participants will get help from the trial staff to do this, while they are waiting for CBT. NHS staff from Lancashire Care's EIS will then collaborate with the participants on 12-30 weeks of CBT.

At the point when people are recruited to take part in the trial, before the remediation, the assessor will interview them to measure the severity of their symptoms, their self esteem, and attitudes. They will then assess participant's neuropsychological skills. At the end of remediation and then again after CBT finishes, they will repeat the assessments. At these interviews and every 6 weeks during CBT they will assess symptoms with a measure called the PSYRATS. This will be the main measure of success for the trial.

Those people randomly selected to have social support instead of remediation will have the same assessments and then go on to have CBT just as those having remediation do. We have good reason to believe that both groups will benefit from taking part because of the support they get from seeing a therapist or support worker (depending on the group); because of the extra monitoring they get from the assessor; and because of the satisfaction of being an essential part of a study developing a new treatment. Our hypothesis for the trial is that remediation will prepare people to take part in CBT better than social support. If this is true then their symptoms should reduce faster during CBT, leading to fewer sessions or greater final benefit. There is some evidence to support this but we do not yet know about this intervention in this group.

The sort of people we are aiming to recruit, will have schizophrenia or a related psychosis (but not bipolar disorder). They will not be dependent on cannabis or other substances (in which case they would be more suitable for the ReCAP trial). They will speak reasonable English, though we hope to develop an intervention for South Asian non-English speakers. Finally, they would be suitable for CBT, as assessed by the NHS services. To recruit them we will work with Lancashire Care EIS staff to select suitable patients and we will ask EIS staff to speak to these patients to ask if we can talk to them.

The IMPACT team:

Richard Drake, Alicia Picken, Christine Day and Max Marshall



Inclusion Criteria

imPACT

Aged between 18 and 35

On the waiting list for CBT

Motivational Interviewing & Cognitive Behavioural Therapy

ASPIRE

The first stage of the Substance Misuse stream of the HELPER Programme (The ASPIRE Project) has now been completed. ASPIRE stands for "Asking about Substance use and Psychosis - Ideas, Reactions and Experiences".

ASPIRE aimed to gather information about people with psychosis who use drugs. We asked 19 service users to tell us about drugs, about why they used drugs, and about their experiences and knowledge of drugs. The service users had very different stories to tell. Some were still using drugs whilst others had stopped. Some had only ever used one drug, and others had tried lots of different drugs. Some felt that drugs could help their mental health; some felt drugs would hinder it. Others thought that using drugs had nothing to do with their mental health at all.

From these different stories, we were able to build a picture of what is important for therapists to think about when they are working with people who have psychosis and use drugs. This information was used to help design the therapy which is being used in the second stage of the project, (The ReCAP Trial, see below) and to develop a series of DVDs about people's experiences to be used in therapy.

Thank you to everyone who took part in the ASPIRE study!

The ASPIRE team:

Fiona Lobban, Christine Barrowclough, Sophie Jeffery, Sandra Bucci, Sara Mallinson, Katherine Taylor & Max Marshall

ReCAP

ReCAP stands for "Rethinking Choices after Psychosis". ReCAP is a RCT investigating the efficacy of two psychological interventions at reducing relapse and cannabis use in people experiencing a first episode of psychosis. The study is taking place in Lancashire Care EIS and Manchester EIS. We aim to recruit 145 service users who experience psychosis and also use cannabis. Recruitment for the trial began in January 2009 and will continue until February 2010.



The therapy combines components of Motivational Interviewing (MI), Cognitive Behavioural Therapy (CBT) and Relapse Prevention. MI is a psychological therapy which has been shown to be helpful for people to resolve ambivalence about substance use and make changes in their lives. CBT is a therapy which has been shown to be helpful for a variety of mental health problems, including psychosis. The intervention focuses on increasing participants' motivation to change their cannabis use, reduce distressing psychotic experiences and reduce the risk of relapse.

Participants in the trial are randomised to one of three conditions. A control group will receive treatment as usual, a second group will receive treatment as usual along with a 12 session integrated MI and CBT intervention, and a final group will receive 24 sessions of MI and CBT and treatment as usual.

Thank you to everyone taking part in ReCAP

The ReCAP team:

Christine Barrowclough, Fiona Lobban, Lynsey Gregg, Mike Fitzsimmons, Christine Kenny, Joanne Cater, Tom Weavers, Lisa Parkinson & Max Marshall

Inclusion Criteria

ReCAP

Aged 16 to 35

Cannabis use in the last three months