Welcome to the Spring edition of the Spectrum Newsletter. We’re delighted to include information about a University Open Day (see below) where you can come and meet members of the Spectrum REACT team who will be running a workshop. We also have a short feature on the meaning of Recovery in Mental Health, as well as our usual Research News including details of current studies and results of previous studies that we have run within Spectrum (pages 2-3). Our Staff News section (pages 4-5) gives you an opportunity to learn a little more about our new Lecturer in Mental Health, Naomi Fisher. Finally, the back pages give information about our studies currently looking for research participants. We hope you enjoy.

Events:
Explore Brand New Worlds. Right Here: Lancaster University Community Day
Saturday 6th May 2017

Come and join us on the Lancaster University campus (11am to 4pm) for a day of fun.

The REACT team at Spectrum will be delivering a free drop-in creative workshop entitled ‘Mental Health: it’s not so black and white!’ This will explore mental health and wellbeing through art whilst also profiling the work of the research team. The workshop will be especially relevant for anyone with bipolar or friends and family of people with this condition.

If you would like to find out more or come along and help, please contact Sue Flowers; email s.flowers@lancaster.ac.uk Tel 01524 594629
You can find us in County Main Study Space.
Other activities will also be held across the campus including science, amazing technology, live music and performance, sports, debates and discussions, children’s activities and food and drink. It’s free to attend and open to everyone. For more information, please take a look at www.lancaster.ac.uk/community-day/

We look forward to seeing you here!

Focus on Recovery: What Does Recovery Mean To You?

If you work with or support people with bipolar or psychosis, thinking about what recovery may mean to individuals and their families and friends can be a complex issue. Professor Steve Jones, Co-Director of the Spectrum Centre kindly offered us his views from a psychological perspective, having spent most of his life working in this field of study.

Professor Jones says, “In my experience over the last 25 years, having worked on numerous studies involving over 1,000 participants, I have come to the conclusion that the word ‘recovery’, for those with lived experience, means different things to different people. However, within this broad range there are some key findings on how people identify with personal recovery. Personal recovery is different from clinical recovery as it is broader than reduction in
symptoms including wider aspects of the individual’s life in work and social relationships. People describe the importance of developing a model of their bipolar experiences that makes sense to them. They also describe engagement in meaningful experiences, and managing their own engagement with clinical care (so that they feel they are not done to or at but with) as being important elements of personal recovery. We also know that personal recovery is typically an ongoing journey without a fixed end point. Structured psychological interventions can help enhance personal recovery when they are genuinely focussed on working alongside the person with bipolar disorder towards goals that are of genuine personal value to them.”

Research News

Ongoing studies

The REACT Study

REACT – the Relatives Education And Coping Toolkit Study

Sue Flowers, REACT Supporter, writes;

REACT - this website is really helping me!

I’m pleased to report that after spending three days a week for a full year supporting relatives online using REACT (the Relatives Education And Coping Toolkit) – it has done wonders for my own wellbeing! After all, there’s only so many times you can write telling someone to look after their own wellbeing and ignore your own good advice... eventually the truth will win through!

Another truth we’ve been pleasantly surprised about is how well recruitment to the study has been; we intend to recruit over 600 participants; and as I write, we only need another 195 more.

Every person who gets involved is important to us; we aim to get 37 people on board every month, and remarkably recruitment to this target is on track. This is almost unheard of in research trials of this nature, so we think that this demonstrates just how poorly supported relatives and friends are and how little is available via normal support services.

If you know anyone who is distressed due to their caring role for a friend or relative with bipolar / psychosis and in need of support please let them know they can help us with this important research.

Find out more or to register for the study go to www.reacttoolkit.co.uk
Or let your friends know through social media https://www.facebook.com/REACTtoolkit/
https://twitter.com/REACTTOOLKIT

Study findings

The PARADES study

(Psycho-education, Anxiety, Relapse, Advance Directive Evaluation and Suicidality)

Summary of findings by Rita Long

We’re pleased to include in this newsletter more results from the PARADES Study Programme that many of you were involved with. The PARADES programme was funded by a large grant from The National Institute for Health Research (NIHR). The programme ran over 5 years in collaboration with Manchester Mental health and Social Care Trust, Nottingham and Manchester Universities. This was the first award for research into bipolar disorder funded by NIHR and focused on the development, evaluation and implementation of psychological approaches to bipolar disorder and related problems. In the last edition we included the results of the suicidality study within the PARADES programme. In this edition we are focussing on the study of a Psycho-education intervention.

If you would like more information about the PARADES programme then please visit the website:

http://www.parades-bipolar.co.uk/
PARADES Psycho-education Study: To compare two types of group support for prevention of relapse in bipolar disorder

The need to provide people who have a diagnosis of bipolar disorder with information to manage their condition is supported by the National Institute for Health and Care Excellence (NICE). In 2003 a study in Barcelona demonstrated that a group form of psychoeducation was helpful to people with bipolar disorder in reducing risk of developing episodes of mania or depression over up to 5 years. However, this study was run in a specialist bipolar disorder centre so it was not clear whether this approach could be offered effectively in the UK NHS system. Currently in the UK, unstructured peer support groups such as those run by Bipolar UK, which are peer led and in which the agenda is set informally by the group, are a more likely option for people to access.

The study aimed to directly compare how well these two different support groups work in reducing relapse rates over 2 years to see which should be offered. 304 people with bipolar disorder were allocated at random to 21 weeks of either;

1. Structured psychoeducation group. Topics covered include identifying individual triggers for mood changes, early warning signs of relapse and how to keep well in daily life.
2. Unstructured peer support group in which the agenda was determined by the participants.

Both groups were facilitated by 2 health professionals and a service user with lived experience of bipolar.

Findings: Participants valued both peer support and psycho-education groups and found them helpful in managing their bipolar experiences. Meeting people with similar experiences and sharing knowledge were significant components people valued. Developing relationships happened quicker in the psycho-education than the peer support group.

There were some key results that demonstrated important benefits of psycho-education over peer support and none for peer support over psycho-education. These benefits include:

1. Participants liked both psychoeducation and Peer Support but attendance and retention of participants was higher for Psychoeducation.
2. Although overall time to any relapse did not differ, time to mania relapse specifically, was longer in psychoeducation groups.
3. People with fewer than 7 previous bipolar episodes, seemed to benefit more from the psychoeducation than peer support group.

Why is this important? Managing Bipolar experiences often involves a variety of approaches. Medication is often the first line treatment with talking therapies sometimes offered in addition. The offer of talking therapies differs depending upon local resources and policies. This study demonstrates the benefits of Group Psychoeducation to service users particularly in terms of manic relapse and managing socially. The fact that it has been shown to be beneficial adds weight when Service Users request this service and when commissioners decide what services they should fund.

Psychoeducation helps Service Users and their families identify individual episode triggers and early warning signs, and crucially develop an action plan to manage and act when early warning signs are identified. It helps people manage daily stress and can give Service Users a sense of independence and control over their condition. The development of a personalised staying well plan can help to reduce anxiety surrounding relapse for SU. This plan can also be a useful tool for families to initiate difficult discussions that in turn alleviate friction that can occur from differing perspectives.
**Staff News:**


**Meet the Team: Spotlight on Naomi Fisher**

What are your main areas of interest in Mental Health Research? I have two main interests in Mental Health Research. The first is in finding ways to help people who have experiences, which could be described as mental health problems, to do what is important for them; for example, being in work that supports their recovery. This might involve working with family, friends and colleagues who are significant in someone’s life, and looks at experiences from a social point of view.

Secondly I’m interested in making sure that when a new intervention or support resource is developed it’s done with the involvement of people who will use it. This involves planning how to make something easy to use and kept up to date.

What do you think are the most exciting developments in mental health care / research at the moment? The most exciting shift is that mental health and wellbeing are being thought of as part of public health and so there’s greater focus on supporting good mental health. This reflects the great work of campaigns that have raised awareness of mental health and support conversations that were not happening when I was younger.

How long have you worked in the Spectrum Centre? I have been at Spectrum for eight months which some days feels like a long time but mostly it feels like I still have a lot to learn about all the work that Spectrum has done and is still doing.

What drew you to work here? The reason I wanted to work in Spectrum is the team and the commitment to carrying out research in a way that values the perspectives of all involved in Mental Health Research. I wanted to be in a team who had similar research interests and that I could learn from when it comes to getting projects off the ground.

Where have you worked before? Before coming up to Lancaster I worked at Liverpool John Moore’s University in the Psychology Department and on research projects with Liverpool University and MerseyCare. Liverpool is a great city but it is also great to be in Lancaster, closer to the hills and sea. Before working in academia I was a Mountaineering Instructor and so have been fortunate enough to work in lots of beautiful (wet and windy) places with great people from all walks of life.

What do you like to do when you’re not working? I really love being outdoors – it’s good for my soul and is a great balance to the time I spend wrestling long words and concepts at a computer. I also really like sharing food and catching up with friends and family.
Other Staff News:
Victoria Appleton, Lead Research Associate on the IMPART study, is going on Maternity leave at the beginning of May, and expecting her first baby in June. We wish Victoria and her family all the very best at this exciting time.

Service User Researcher post: There are just a few days left before the closing date for applications for the post of Service User Researcher within our Centre. Details were circulated to Spectrum Connect members in early April. Please see the link below for details of the post, and how to apply if you are interested. The closing date for applications is Tuesday 2nd May. [https://hr-jobs.lancs.ac.uk/Vacancy.aspx?ref=N1344](https://hr-jobs.lancs.ac.uk/Vacancy.aspx?ref=N1344) (if this link doesn’t work immediately you may need to press Ctrl + click)

OPPORTUNITIES TO GET INVOLVED

Studies Looking for Research Participants

Recovery Focused Therapy for Older Adults with Bipolar Disorder

- Have you been diagnosed with Bipolar Disorder?
- Are you over the age of 60?

Would you like the opportunity to take part in a study with the potential to receive up to six months of individual, recovery focused psychological therapy with a trained professional?

The Spectrum Centre for Mental Health Research, Lancaster University is conducting a study that may be of interest to you.

WE ARE RECRUITING NOW! PLEASE CONTACT US USING THE DETAILS BELOW

Email: e.tyler@lancaster.ac.uk
Post: The Spectrum Centre, Division of Health Research, Lancaster University, Lancaster LA1 4YF
Phone: 07967 837938
Website: [www.spectrumcentre.org](http://www.spectrumcentre.org)
The REACT Study is still seeking participants  
(See details on page 2 or go to www.reacttoolkit.co.uk)

Spectrum Connect Database: If you haven’t already done so, you can register to be added to our database so that you can receive information about what is going on in Spectrum and find out if you’d like to get more involved. To join the Spectrum Connect database just go to our website, click on ‘Get involved’, and then on ‘Register now’ or contact us (see below for our contact details).

Contact details:
Website www.spectrumcentre.org
email spectrumcentre@lancaster.ac.uk  phone (01524) 593756

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