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Hub Update

From our new Hub Director – Peter Jones

I am really looking forward to taking over as Director for the hub, building on all the hard work that Ian Goodyer has undertaken in establishing the hub from a standing start and creating a vibrant team led by Marijcke Veltman. I see the task as two-fold. First and foremost, we have to support and facilitate recruitment into research projects that are adopted onto the MHRN. This is what the Department of Health is paying for, and this is the primary way in which the MHRN will improve the lives of users and carers: through providing evidence regarding who needs interventions and services, why, what helps best, how best to provide care, and how to improve outcomes in the long term. The second set of tasks concerns creating a culture in East Anglia of curiosity in users, carers and staff such that they want to take part in research, consume research findings or, for some people, actually do it, themselves. The hub is part of the infrastructure to support the achievement of all these aims.

A bit of background: I am Professor of Psychiatry at the University of Cambridge. Together with Ed Bullmore and Belinda Lennox, I am a consultant to the Cambridge Early Intervention Service, CAMEO www.cameo.nhs.uk. Until November this year I have been the University non-executive director on the Cambridgeshire and Peterbor-

ough Mental Health Partnership Trust Board, first becoming involved in 2001 as a member of the project board that helped set-up the trust. This has been a hugely rewarding, though challenging, experience for me, and I now look forward to contributing in a new way.

My own research concerns epidemiology of mental illness, particularly the psychoses, early life-course influences on adult mental health and illness, and the interface between population-based, biological and social investigations and explanations. I also keep an involvement in service-based research and am involved in several studies running on the network (see p4). I have been on the other side of the fence, in research management, running the Department of Health's Policy Research Programme of mental health research between 1993-6, and being R&D director for the Nottingham mental health trust from 1997-2000. This new role is a great way to keep a balance between management and practice, in clinical work and in research, and I now look forward to contributing in a new way to this and the other trusts in the hub.



Professor Peter Jones
Hub Director &
Research Lead

How to run a project on the Network

Application to run a project on the MHRN must be made to the MHRN Adoptions Committee. Forthcoming deadlines for applications: December 29th 2005 February 21st 2006

Application forms can be downloaded from: www.mhrn.info

UK-MHRN

Aims:

- To organise and deliver large-scale research projects to inform policy and practice as it develops, and to help services implement change.
- To broaden the scope and capacity of research, including full involvement of service users and carers in commissioning and delivering research.
- To help identify the research needs of mental health (particularly in health and social care), working with frontline staff, service users and carers.
- To develop research capacity through a range of initiatives at a local, regional and national level.

Benefits:

- Provides instant access to a number of clinical and academic centres.
- Brings together research and providers of mental health and social care services.
- Offers a broad scope, covering all mental health disciplines .
- Offers support and guidance on research governance issues, data protection and ethical matters.
- Co-ordinates the management of all subcontracts to individual centres.

Social Care—Update

From our new Social Care Lead — Krishna Singh

I am delighted to have very recently been appointed to the post of Social Care Lead for one session per week. I am committed to the development of the social care agenda in mental health and look forward to meeting with the Hub Executive and Committee members and the core team to discuss how I can contribute and

enhance connections between the Hub and social care services.

I am very keen to increase the interest and involvement of social care services in mental health and look forward to attending the first meeting of the UK-MHRN Social Care Leads in November.

Primary Care—Update

Getting research done in primary care – What will the UKCRC developments mean for our Hub?

Amanda Howe reports:

R&D in England

The following is taken from the second newsletter of the UK Clinical Research Collaboration, Autumn 2005. “The Department of Health recently launched its consultation on Best Research for Best Health: A New National Health Research Strategy. This sets out the Department’s vision for the future direction of health research in England. The overriding aim of the strategy is to create an environment where the NHS supports outstanding individuals working in world-class facilities carrying out leading-edge research that is focused on the needs of patients and the public.

Proposals include:

- A ‘virtual’ National Institute for Health Research (NIHR).
- A faculty of NIHR ‘Investigators’ and ‘Associates’. Designed to attract and retain outstanding clinical, health service and public health researchers, the faculty will focus on applied health research that responds to, and delivers, the research needs of the NHS and its current and future patients.
- Academic Medical Centres in the nation’s premier research hospitals. Competitively selected, the Centres will lead on the translation and adoption of new technologies and techniques for improving health and social care.
- A generic health research network (to complement the existing disease specific networks) with the capacity to provide reliable expert advice, support on regulatory and governance processes, and assist industry trials.
- A centralised research commissioning and management centre to serve, streamline and help expand NHS National R&D programmes.
- Funding allocations that reflect the level of patient involvement in research and health studies, and that are more transparent and less bureaucratic.
- New funding streams including: a responsive funding scheme for applied and practice based research in areas important to frontline NHS staff; a challenge fund to encourage translating ideas into practice.”

What will this mean for regions like ours when we are trying to conduct studies in mental health, especially if they are recruiting from the dispersed and diverse basis of primary care services? It’s unclear so far, but the general absence of primary care focus of the consultation document has surprised us. The Mental Health Research Network, who have appointed primary care leads in every region, clearly expect the topic-specific networks to be able to conduct primary care based research, and indeed the Department of Health have been actively discussing the possibility of a nationwide ‘Primary Care Research Network’ to complement the revised infrastructure and underpin major community based studies. So there may be more hope than the proposal suggests – but for those of us who have struggled to ensure that both service and research evaluate social and psychological interventions as well as pharmaceutical approaches, the risk of research becoming centralised into very biomedical programmes trialled in ‘premier research hospitals’ seems rather retrograde.

The commitment to extra funding is good, but it is as yet unclear whether this will be available to novice researchers in local Trusts, to develop their skills and capabilities, or whether it will be confined to those already deeply immersed in major research. Primary care based research has relied heavily on this kind of capacity building initiative, and again there seems to be a tension between developing a broad research awareness across mental health staff and service users, and the very focused targets of the DoH. Finally, don’t get too excited about “Funding allocations that reflect the level of patient involvement in research and health studies” – I think they mean numbers of patients recruited not extra money for service user led research! Anyway East Anglia is well placed to get involved in this – with an MHRN hub already secured, a firm network of primary care R&D stakeholders from each county working towards partnerships, and a number of local staff already involved in national rollouts of the consultation, we hopefully will secure any benefits while smoothly ironing out any problem areas and securing extra resources.

Watch this space!

UK Clinical Research Collaboration - Research Governance Workstream

The UKCRC report in their Autumn 2005 newsletter that activities in the UKCRC Regulatory and Governance Workstream have, up to now, have been concentrated on two levels: **Detailed mapping exercises**; and work on **specific issues prioritised for immediate action**.

Detailed Mapping:

The mapping exercises are intended to give us a better understanding of the regulatory and governance environment and to identify good practice, as well as some of the unnecessary barriers to research. Three maps are well underway:

1. An analysis of the cumulative effects of existing regulations and governance arrangements.
2. A database of current activities by UKCRC Partners and other stakeholders to improve the regulatory and governance environment. The purpose of this work is to facilitate co-ordination of activities and identify good practice. This

will be published on the UKCRC website.

3. A review of the capacity and arrangements for training, support and promotion of best practice. This work is being carried out by the UKCRN Coordinating Centre.

Issues initially prioritised for immediate action include:

1. Development and promotion of model inter-institutional research agreements
2. More efficient and consistent approaches to honorary contracts.
3. Streamlining of the research approvals process.

For more information on the UKCRC and its activities see:

www.ukcrc.org

Hub Job Opportunities – Online applications: www.jobs.cambs.nhs.uk

Clinical Studies Officers

Ref: CPMH 1619

Applications are invited for 2 part time Clinical Studies Officers to join the East Anglia Hub of the UK Mental Health Research Network 1 to be based in Cambridge and 1 in Norwich. Applications are invited from appropriate social science graduates, nurses and/or other mental health and/or social-care professionals with knowledge of research and at least 2-year experience of working in an NHS in a mental health setting or social care environment with service user contact. The posts are available from the 1st November 2005 and will be for 2 years in the first instance (linked to funding and subject to performance monitoring).

The salary will range from £23,860 to £28,070, according to experience and qualifications (this is an interim pay scale and is subject to assimilation to Agenda for Change's terms and conditions). Secondments from current employment will be considered. The appointments are likely to be 0.7 WTE in Cambridge and 0.5 WTE in Norwich (negotiable) and require travel throughout Cambridgeshire, Norfolk & Suffolk.

For an informal chat about the posts please contact Dr Marijke Veltman, tel: 01223-746131 (mwmv2@cam.ac.uk).

Closing date for applications 9th November 2005.

Hub Administrator / Secretary

Ref: CPMH 1662

A new opportunity has arisen in Cambridge for a reliable, well-organised and experienced full-time (negotiable) administrator / Secretary to provide an efficient and comprehensive secretarial and administrative service to the East Anglia Hub of the MHRN.

We are looking to appoint an enthusiastic individual, who possesses a good general education, as well as having excellent typewriting, word processing and audio typing experience. Experience of Microsoft Access is essential. You will have excellent interpersonal and communication skills and the ability to relate to all levels of the organisation including service users and carers.

Applicants should also have a pleasant and approachable manner and be able to demonstrate enthusiasm and motivation. Organisational skills are essential, alongside the ability to work on

your own initiative as well as part of a team.

Applicants should have at least 2-years secretarial/administrative experience, preferably gained in the NHS, University or Social Care sectors.

The salary will range from £14,602 to £17,714, according to experience and qualifications (this is an interim pay scale and is subject to assimilation to Agenda for Change's terms and conditions). Secondments from current employment will be considered. The appointment is full-time and is for 2 years in the first instance (linked to funding and performance management).

For an informal chat about the posts please contact Dr Marijke Veltman, tel: 01223-746131 (mwmv2@cam.ac.uk).

Closing date for applications 23rd November 2005.

Norfolk & Waveney Mental Health Partnership Trust AGM

Emma Leggett reports:

The East Anglia Hub attended and had a stand at the NWMHP Annual General meeting held on 30th September at Hellesdon Hospital, Norwich alongside the Trust's R&D stand. The event was very well attended by staff, service users, carers and members of the public, it was full to capacity. Many of the Trust's clinical and support services displayed examples of the good practice going on in the Trust and it was a good way to further integrate the Hub alongside long established services.

Many people approached the Hub's stand and most were aware of our role in mental health research and were keen to gain further information. We presented information about the Hub in general and about hosted projects in particular.

The Hub found this event to be very beneficial in further raising the profile of the Hub among NWMHP stakeholders and were delighted to hear in the addresses by the Chief Executive and Chair of the Trust that research is an important aspect of future developments in the mental health practice of the Trust.

East Anglia Hub hosted projects

Ongoing Projects

ADAPT

[Study Status]

Adolescent Depression, Antidepressants & Psychotherapy Trial

Chief Investigators: Ian Goodyer (Cambridge) & Bill Deakin (Manchester).

Funder: The NHS Health Technology Assessment Programme.

BALANCE

[Open]

An international randomised trial of maintenance treatment for bipolar disorder

Chief UK Investigator: John Geddes (Oxford).

Funder: The Stanley Medical Research Institute (USA).

BECCA

[Closed]

Befriending and the Costs of Caring

Chief Investigator: Shirley Reynolds (UEA).

Funder: The NHS Health Technology Assessment Programme.

Doctor-patient communication

[In set-up]

in the treatment of schizophrenia: Is it related to treatment outcome?

Chief Investigators: Rosemarie McCabe (Queen Mary, London).

Funder: The Medical Research Council.

GAN (Genetics of Anorexia Nervosa)

[Open]

Anorexia Nervosa in Relatives Project

Chief UK Investigator: Janet Treasure (Institute of Psychiatry, London)

Funder: National Institutes of Health (USA)

ISREP

[Open]

Improving Social Recovery in Early Affective and Non-Affective Psychosis:

A Randomised Controlled Trial Of Social Recovery Oriented Cognitive Behaviour Therapy

Chief Investigator: David Fowler (UEA).

Funder: The Medical Research Council.

Learning the lessons

[In set-up]

An evaluation of pilot community services for adults with personality disorder

Chief UK Investigator: Mike Crawford (Imperial College, London)

Funder: NHS Service Delivery and Organisation R&D Programme

NACHBID

[Open]

Neuroleptics in adults with aggressive challenging behaviour and Intellectual disability

Chief Investigator: Peter Tyrer (Imperial College, London)

Funder: National Coordinating Centre for health Technology Assessment

National Eden

[In set-up]

A national evaluation of early intervention in psychosis services

Chief Investigators: Max Birchwood & Helen Lester (Birmingham).

Funder: The Department of Health.

PsyGRID

[In set-up]

E-Science to facilitate clinical trials and longitudinal studies in first episode psychosis

Chief Investigator: Shôn Lewis (Manchester).

Funder: The Medical Research Council.

ROOTS

[Open]

How do patterns of risk predict the evolving nature of psychopathology in post-pubertal adolescents?

Chief Investigator: Ian Goodyer (Cambridge).

Funder: The Wellcome Trust.

Guidance to 'Study Status'

In Set-up: Studies which have been approved/funded but are not yet ready to begin recruiting patients.

Open: Studies which are ready to begin recruiting patients or have begun recruitment.

Closed: Studies which have finished recruitment. Patients may still be in follow-up. The results of the study may or may not have been published.

New project

Big EDI:

Early detection and psychological intervention for individuals at high risk of psychosis

[In set-up]

Recent studies have demonstrated the feasibility of detecting individuals who are at high risk of developing psychosis for the first time. Building on a successful pilot study, the team will identify a sample of help-seeking individuals operationally defined as at high-risk of psychosis and evaluate the effectiveness of a psychological treatment (cognitive therapy) designed to prevent or delay the onset of illness, and reduce the severity of symptoms

should they occur. This randomised controlled trial will compare cognitive therapy plus regular monitoring of mental state with regular monitoring alone. The primary outcome will be transition to DSM-IV defined psychosis, which we hope to prevent. Secondary measures of symptoms, distress and non-psychotic psychopathology will be recorded and outcomes will be assessed over a 2-year follow-up period. An economic analysis will examine whether psychological treatment leads to reductions in the use of formal and informal health and social care services.

CI: Tony Morrison
Funder: The Medical Research Council.

Adolescent Depression Anti-depressants and Psychotherapy Trial (ADAPT) – Update

Paul Wilkinson reports:

This randomised controlled effectiveness trial compared two treatments for adolescent depression in patients referred to CAMHS clinics. It aimed to recruit as wide a range of patients as possible, to make it more applicable to the clinical population; participants were not excluded due to suicidality or co-morbid psychiatric disorders (except bipolar disorder and schizophrenia). As a result, the sample had more severe impairment than other published studies in this age group. Patients with mild-moderate depression received a brief initial intervention, consisting of

psycho-education and support, before randomisation. The interventions were SSRI antidepressant with cognitive-behavioural therapy; and SSRI with standard psychiatric monitoring and support.

208 depressed patients were recruited, 59 of these in Cambridge and Huntingdon, the remainder in the Manchester area. Full 28 week follow-up data were obtained on 193 participants.

The study has now been completed and data are currently being analysed.

Cambridgeshire Team: Ian Goodyer, Paul Wilkinson, Raph Kelvin, Claire Ford

Second Generation Anti-Psychotics in First Episode (SAFE)

Feasibility study

The East Anglia Hub recently took part in a feasibility study for the SAFE trial. Seventy one questionnaires were sent out to adult and forensic psychiatrists in our region and 35 were received back within the short deadline period. An impressive 49% response rate.

Further details of the outcome this feasibility study will be published in our next Newsletter, January 2006.

Local Research Centres / Researchers for Hub Hosted Projects

(to date and with apologies to anyone inadvertently missed off or added in error to the list)

ADAPT	Cambridge:	Ian Goodyer, Paul Wilkinson, Raph Kelvin, Claire Ford
BALANCE	Bury St. Edmunds:	Albert Michael
	Cambridge:	Fiona Blake, Jonathon Dowson, Neil Hunt, Nigel Hymas, Rajini Ramana
	Ely:	Caroline Stephenson
	Great Yarmouth:	Larry Ayuba
	Norwich:	Chris Michel, Iain Macmilan
	Peterborough:	Jesus Perez
BECCA	Norwich:	Shirley Reynolds, Ian Harvey, Fiona Poland, Miranda Mugford, Lee Shepstone, David Price, Kim Shutt, Sandra Picken, Mariamma Thalanany, Tom Arie, Ionne Hammond, Suan Vaughan, Ian Southam, Sandra Pilkington, Anne Biggar, Rachel Tresize, Mary Moore
Doctor-patient Communication	Peterborough:	David Dodwell
GAN	Cambridge:	Tony Jaffa, Jane Shapleske
PsyGRID	Cambridge:	Peter Jones, Ed Bullmore, Tim Croudace, Uschi Werners
ROOTS	Cambridge:	Ian Goodyer, Valerie Dunn, Diane Bamber, Rachel Brand, Gillian Barker, Amber Steele, Betty Tzeng, Stefania di Biasi, Margaret Bellamy, Liz Blower, Janet Edwards, Shiona Morrison
ISREP (aka SR-CBT)	Bury St. Edmunds:	Albert Michael, Neil Harmer, Maria Alexander
	Cambridge:	Peter Jones, Michelle Painter, Carolyn Crane
	Norwich:	David Fowler, Joanne Hodgekins
	Peterborough:	Jesus Perez
NACHBID	Norwich:	Neil Carter
National EDEN (aka SuperEDEN)	Cambridge:	Peter Jones, Tim Croudace, Sandi Secher, Kim Masson,
	Norwich:	David Fowler

SURGE—Update

As SURGE enters its second year, there will be a number of changes to its organisation. The office has now moved from the Mental Health Foundation (MHF) to the Sainsbury Centre for Mental Health, where it will benefit from the friendly and supportive office environment, though SURGE remains independent of its Sainsbury 'hosts'.

Sadly, Sarah Gibson, the SURGE Co-ordinator during the first year, is remaining at the MHF in a full time capacity as a survivor researcher, though she will continue to provide occasional support to SURGE.

Jan Wallcraft, previously associated with SURGE through the Working Group (which represents the

service user organisations involved in SURGE at its beginning), is now taking up a more direct role as SURGE Operational Manager. She will be joined by two more researchers to be appointed in the autumn, who will continue the work of supporting service user involvement in the work of the MHRN around the country.

Jonathan Bindman, a researcher formerly at the Institute of Psychiatry, is also joining SURGE as Associate Director for User and Carer Involvement in the MHRN, and will represent SURGE on the MHRN Executive. There will also be changes to the Working Group, which will become a new Advisory Group, chaired by Professor Peter Beresford.

SURGE Contact details:

Sainsbury Centre for Mental Health
1st Floor
134-138 Borough High Street
London SE1 1LB

Tel: 0207 7166778

Email: info@surge.scmh.org.uk

UK-MHRN National Scientific Conference: *The latest and best in UK research*

Manchester Conference Centre – 17th & 18th November 2005

The conference aims to be multidisciplinary bridging basic clinical science through to public mental health. The focus will be to showcase high quality international research; the key to better understanding of causes and treatments of individual disorders in real life settings. The format will be plenary sessions and two strands of parallel sessions.

Conference Office Contact details:

ConferCare

The University of Manchester

Barnes Wallis Building

Sackville Street

Manchester M60 1QD

Tel: 0161 306 4068

Fax: 0161 306 4070

Email: mcc.reg@manchester.ac.uk

On-line Registration — <https://www.meeting.co.uk/confercare/ukmhrn2005/>

Is This Clinical Trial Fully Registered? A Statement from the International Committee of Medical Journal Editors

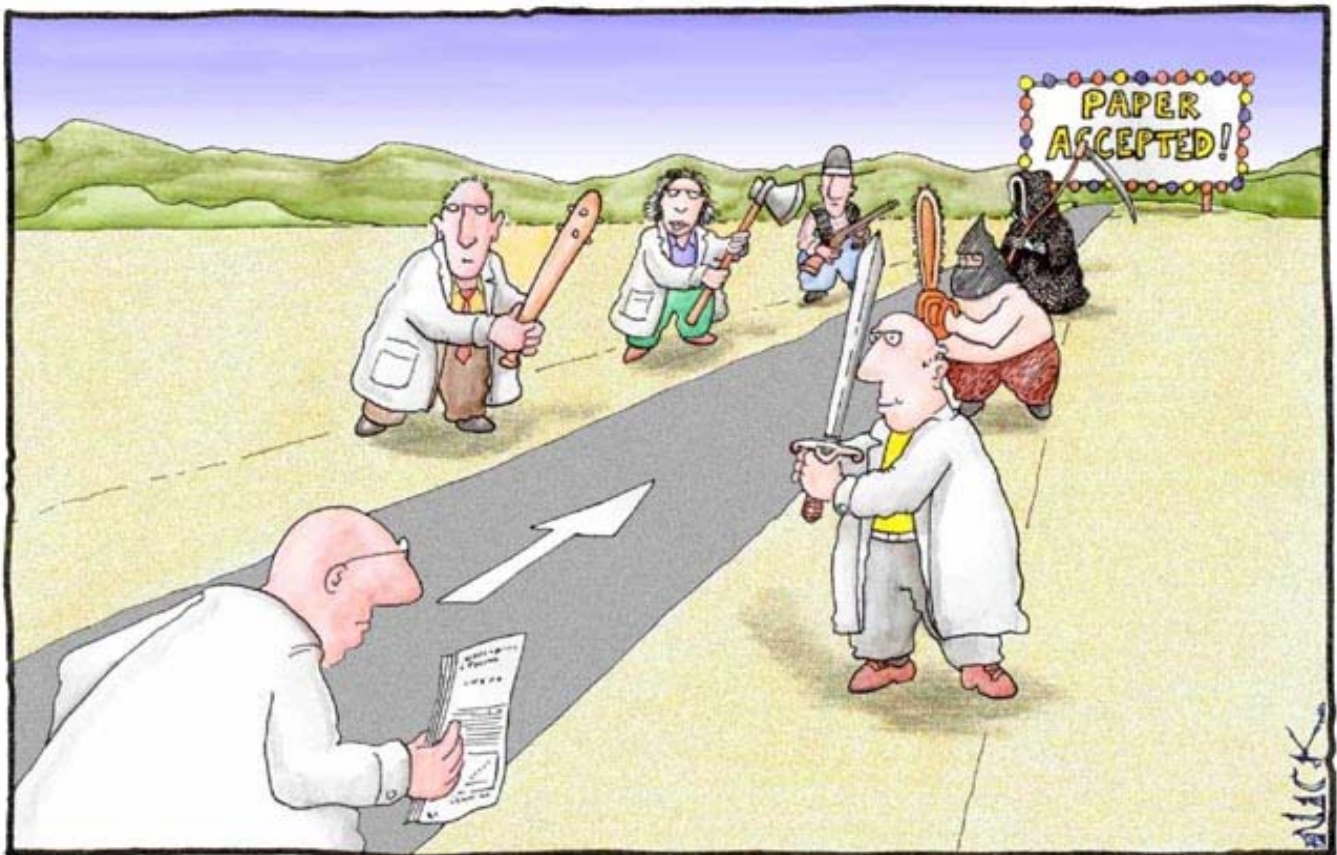
ICMJE have stated that they will consider a trial for publication only if it has been registered before the enrolment of the first patient. This policy applies to trials that started recruiting on or after 1 July 2005. Because many on-going trials were not registered at inception, ICMJE will consider for publication on-going trials that were registered before 13 September 2005. This means that on-going clinical trials that may be published in journals that are part of ICMJE should have been registered in an appropriate register before **13 September 2005**. Trials opening to recruitment on or after 1 July 2005 must be registered before enrolment of the first patient.

Further information from the Department of Health on the registration of trials and public access to findings:

Current Controlled Trials (CCT) runs trial registers on behalf of other organisations within its *metaRegister* of Controlled Trials. The Department of Health (DH) and the Medical Research Council (MRC) (and soon the Wellcome Trust) have contracts with CCT to run trial registers on their behalf.

DH, MRC and the Wellcome Trust regard these registers as appropriate registries for the ICMJE's purposes. The registers run to ICMJE criteria. They will be aligned with the World Health Organization's (WHO) standards when agreed. One WHO standard is to identify each trial uniquely. CCT is placing its system of unique identifiers, the ISRCTN Register, in a not-for-profit structure to comply with the ICMJE's criteria.

On behalf of the DH, Update Software Ltd runs the National Research Register (NRR). The trial registers hosted by CCT draw on information in the NRR. The NRR itself is not designed to meet all ICMJE criteria and WHO standards.

In jest**Research Dissemination: The Peer Review Process**

Most scientists regarded the new streamlined peer-review process as 'quite an improvement.'

Hub Research Interest Groups: The regional creative drive

Join our regional email-discussion groups (hosted by YAHOO) in:

- o Early intervention in Psychosis
- o Self-Help
- o Anti-depressants
- o Mental Health in the Elderly
- o Mental Health in Children
- o Social Care
- o Carers

To Join get in touch with Marijcke: mwmv2@cam.ac.uk

Contributing to the Hub's Newsletter

If you would like to contribute to the Hub's bi-monthly newsletter please get in contact with Marijcke Veltman (see contact details on p.10)

CSIP, NIMHE and all things Eastern...



Website Details:

Eastern Development Centre:
www.nimheeastern.org.uk

CSIP: www.csip.org.uk

NIMHE: www.nimhe.org.uk

Did you attend PROGRESS 2005? Do you receive [EastForward](#), the regional mental health newsletter? These are just two things produced by the Eastern Development Centre.

The Eastern Development Centre was established in 2002 as one of the eight regional development centres of the National Institute for Mental Health in England (NIMHE). In April of this year it became part of the Care Services Improvement Partnership (CSIP).

CSIP will provide a single framework for NIMHE and seven other national programmes which will help us to:

- Support better social care
- Run learning and improvement networks

- Support better services for children and families
- Support organisations so they can provide better services for people with learning disabilities
- Support better services for people with mental health problems
- Support better services for older people and those with physical disabilities
- Support better health and social care for people in the criminal justice system

The Eastern Development Centre has just published its [Mental Health Prospectus for 2005-2006](#) which details the main focus and activities associated with each of the mental health workstreams. [If you would like to receive a copy please contact the Communications Team on 01206 287547.](#)

Progress 2005

Rowley Mile, Newmarket Racecourse, 11th October

The Hub Team Attended the Eastern Development Centre's Progress 2005 conference in Newmarket in October.

It was a very successful event and our stand was well visited during the day. We were able to make some useful contacts, publicised the UK MHRN, as well as the Hub hosted projects to a wide audience.

Progress 2005 was also the venue where we launched our new leaflet "[Getting involved in mental health research: A guide for service users and carers](#)" which

has been passed for clarity by the Plain English Campaign.. This leaflet is available from the Hub in standard A5 size and a larger A4 format for those with sight problems.

At the end of the day Helen Phillips, our service user / carer co-ordinator presented our work in a workshop concerning Service User Led Research. The workshop was chaired by Jenny Secker and included Judy Dean, Jeannette Harding, Maxine Nightingale and Lyn Kent.



NIMHE Eastern Consortium for Social Research (NECSR)

Some of you may remember the NIMHE Eastern Directory of Mental Health Research In Eastern England published in March 2003. This contained information from organisations involved in mental health and social research within the Eastern region and included Universities, statutory mental health provider organisations and independent sector mental health organisations.

The information collected from each organisation included their research interests, contacts and research publications for the previous two years. It also provided information on the departments contributing to mental health research and details of the research active members within the organisation.

In my role as NIMHE Eastern Fellow Research, I have started work in producing an updated version of the Directory. This will also provide information for the NECSR mapping exercise mentioned in the last

edition of this newsletter. As we all know, the research 'scene' in mental health has changed considerably since 2003 particularly in relation to the increase in research networks, service user and carer research and social care research. I want to ensure that all mental health and social research active organisations and networks across the different sectors of the region are represented in the Directory.

Contact will be made with all those who contributed in 2003 but information from newly established research active organisations and networks is vital to ensure a Directory that truly reflects the research activity within the region. [If you are uncertain whether your organisation contributed to the 2003 Directory or would like your organisation's information to be included in the updated edition, please contact me, Sarah Thurlow, with your details.](#)

Contact Details:

Sarah Thurlow
 NECSR, NEMHPT
 Homelands Retail Park
 Cuton Hall Lane
 Springfield
 Chelmsford CM2 5PX

Tel: 01245 318434
 Fax: 01245 318401
 Email: sarah.thurlow@nemhpt.nhs.uk

Eastern Region Learning Disability Research Network

This network has been established this exciting time.

with the support of the Department of Health to facilitate learning disability (LD) research across six counties (Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk). As you may have read in the last newsletter, funding has been secured for one year for the post of part-time co-ordinator, to develop the infrastructure for the network, and I took up this post in September.

The network brings together researchers and those working in LD services to undertake and disseminate research of benefit to people with LD, their families and carers. Meetings are held twice yearly to discuss research ideas and issues relating to LD research. Our last meeting on October 13th was attended by 35 individuals from a range of disciplines, agencies and organisations from across the region. This was an excellent opportunity to discuss potential collaborations and the development of the network at

The network's management committee (see below) comprises representatives from each of the six counties with Tony Holland as Chair, and with the welcome addition of Brenda Freshwater from Essex, who joined the committee in September as service user representative.

We are currently gathering information from within the region, mapping out LD services and organisations, planning a website, and seeking to develop links with service user / carer organisations and other research networks. If you have an interest in LD research and feel it would be useful for your organisation to be in touch with the network, or if you wish to enquire about using the network for a potential research project, I would be very pleased to hear from you. Any comments, queries, suggestions or new members are most welcome.

Aims of the ERLDRN:

- To facilitate research projects which may benefit people with learning disabilities, their families and carers, through informing policy and practice, and to identify priority areas for such research;
- To facilitate communication and collaboration across the region between individuals and organisations involved in learning disability research and learning disability services, including people with a learning disability, their families and carers;
- To provide information and guidance to support the research process, and to facilitate contacts with the appropriate ethics committees and NHS Trust Research Governance arrangements;
- To provide access to a range of research expertise, and support for those less experienced in research methods;
- To support the recruitment of participants to agreed multi-centred projects;
- To assist the dissemination of research findings, to inform policy and practice within the region and more widely within the UK.

ERLDRN Management Committee:

Frank Besag	Bedfordshire
Brenda Freshwater	Service User Rep
Tony Holland (Chair)	Cambridgeshire
Peter Langdon (Co-chair)	Norfolk
Mary McHatton	Hertfordshire
Paul McIntosh	Suffolk
Jackie Ord	Essex

Contact Details:

Helen Keeley
 Eastern Region Learning Disability Research Network Co-ordinator
 Douglas House,
 18b Trumpington Road,
 Cambridge, CB2 2AH
 01223 746 158
 Email: hk302@medschl.cam.ac.uk

UK MHRN and East Anglia Hub – A New fully integrated website

The UK-MHRN is launching a new website that will have dedicated pages providing information on all the regional Hubs and SURGE. This means that our own dedicated website will be subsumed into the new UK MHRN website.

Launch date: Winter 2005 – Watch this space for exact date!

UK MHRN website address: www.ukmhrn.info

East Anglia Hub's new website address will be:

www.ukmhrn.info/EastAngliaHub

The UK Society of Behavioural Medicine

'Behavioural Medicine: Can it help improve health and health care?'

Thursday 3 November 2005 at the Kings Fund Conference Centre, London

Calling all clinicians, public health physicians, epidemiologists, health psychologists, medical sociologists, health economists and statisticians interested in behavioural medicine!

Behavioural Medicine is an interdisciplinary field concerned with:

- The development and integration of environmental, behavioural and biomedical knowledge relevant to health and disease
- The application of this knowledge to prevention, treatment and rehabilitation

UK SBM brings together for the first time in the UK the broad range of disciplines that contribute to achieving these broad objectives. This conference will include:

DISCUSSION AND DEBATE

"Thirty years of behavioural medicine and this is all you can offer me"

Dr Mike Chester (Director, National Refractory Angina Centre at Liverpool) in conversation with Professor Bob Lewin (Clinical Psychologist and Professor of Rehabilitation, University of York); chaired by Dr Roger Boyle CBE, National Director of Heart Disease.

"The impact of the New Contract for General Practitioners: Can incentivising cats help herding?"

Alan Maynard (Professor of Health Economics, University of York) in debate with Professor Martin Roland (Director, National Primary Care Research & Development Centre)

INTERACTIVE WORKSHOPS

Public health and health promotion

- Determinants of health behaviour: an epidemiological perspective
- Implementing computerised tailored interventions for smoking cessation in primary care

Chronic disease management

- Concordance, compliance and adherence in medicine taking
- New approaches to studying adherence behaviour in chronic illness
- Managing pre-diabetes and promoting lifestyle change in pre-diabetic patients

Professional practice and organisation of care

- Conducting theory based process evaluations alongside randomised controlled trials of professional behaviour change interventions

Advancing theory

- Behaviour change interventions: Developing a classification system

£50 for members of the UK SBM and students; £70 for non-members

Contact Details:

To reserve a place email Nicola Anthony at admin.uksbm@iop.kcl.ac.uk.
A downloadable booking form is available from our website: www.uksbm.org.uk

Social Problem Solving: Theory & Therapy

Announcing a one-day conference on

'Social Problem Solving: Theory & Therapy'

Nottingham

28th March 2006.

Keynote speakers:

- Arthur Nezu & Christine Maguth Nezu
Drexel University Pennsylvania
- James McGuire
University of Liverpool, UK.

This conference will be of interest to those working with offenders and people with personality disorders.

Early Bird rate = £135

Contact Details:

Information and registration forms from Veronica.Mahony@nottshc.nhs.uk.

**EAST ANGLIA HUB
CONTACT DETAILS**

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(University of Cambridge)
Hub Deputy Director & Clinical Lead Professor Shirley Reynolds
(University of East Anglia)
Primary Care Lead Professor Amanda Howe
(University of East Anglia)
Social Care Lead Krishna Singh
(Cambridgeshire & Peterborough MHPT)

East Anglia Hub Consortium

- University of Cambridge
- University of East Anglia
- Cambridgeshire & Peterborough Mental Health Partnership NHS Trust
- Norfolk & Waveney Mental Health Partnership NHS Trust
- Suffolk Mental Health Partnership NHS Trust [\[a linked clinical site\]](#)

www.mhrn-cnhub.org.uk

Keeping in touch

Full Name:

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Profession:

Are you a:

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Carer

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Please indicate your broad areas of interest (tick ✓ as many as apply):

Addiction	<input type="radio"/>	In-patient care	<input type="radio"/>
Adult Mental Health	<input type="radio"/>	Out-patient care	<input type="radio"/>
Assertive Outreach	<input type="radio"/>	Community care	<input type="radio"/>
Child & Adolescent Mental Health	<input type="radio"/>	Social care	<input type="radio"/>
Forensic Mental Health	<input type="radio"/>	Primary care	<input type="radio"/>
Older People Mental Health	<input type="radio"/>	Learning Disabilities	<input type="radio"/>
Dementia	<input type="radio"/>		
Other (please specify)	<input type="radio"/>		

Please provide more specific areas of interest:

Please indicate your preferred level of involvement:

Receiving the newsletter

Hub Research Interest Groups

Research Participation

Other (please specify):

When completed please send to Marijcke Veltman at the address provided at the top of this page.