

## **Studies sponsored by Sussex Partnership:**

### **GIVE 2: Increasing access to CBT for psychosis patients**

A feasibility randomized controlled trial evaluating brief, targeted CBT for distressing voices delivered by Assistant Psychologists.

The National Institute for Health & Care Excellence (NICE) recommends Cognitive Behaviour Therapy (CBT) as one of the best treatments for psychosis. But only 10% of people with psychosis have the chance to receive CBT. CBT is scarce because it can be quite long and needs to be delivered by highly trained therapists. We want to see if a shorter version of CBT that is delivered by therapists with less training will be helpful for people who hear voices.

We are currently recruiting for participants in Brighton, Hastings, Newhaven and Uckfield.

### **EYE 2: Early Youth Engagement in first episode psychosis**

Psychosis is a severe mental health problem that generally starts in people aged 14-35. Approximately, 7,500 young people in England develop psychosis every year.

People with psychosis die up to 25 years earlier than the general population and the financial cost to society is high. Early Intervention can improve long term outcomes so that people have fewer symptoms and hospital admissions, better health, and reduced suicides. Yet, a quarter of all young people drop out of services in the first 12 months leading to greater risk of poor health

and service use. Ensuring that young people receive a service quickly is an NHS priority, but there are no interventions to improve engagement.

This project is about improving services for people who have a first episode of psychosis so that more people want to stay with the service. The intervention includes a website, booklets and other resources; and a training programme for staff in how to work flexibly and openly using key, well established motivational techniques to help young people achieve their goals.

## **LIGHTMind 2: Low-Intensity Guided Help Through MINDfulness**

In this proposed study, people experiencing mild-moderate depression will be randomly allocated to using a mindfulness-based self-help workbook or to a CBT based self-help workbook. Each person will be asked to complete their workbook with 16 weeks and will have six PWP support sessions during this time.

The primary outcome we will measure is depression symptom severity. We will also measure treatment completion because evidence shows completing treatment leads to better outcomes.

Positive findings could lead to mindfulness-based self-help being routinely offered in the NHS.

## **Time for Autism**

Children with Autistic Spectrum Disorder (ASD) often experience delays in obtaining a formal diagnosis, which impacts upon timely treatment and support being offered and frequently have poor experiences of wider healthcare delivery.

Whilst all doctors should be equipped with the appropriate skills, empathy and understanding to provide best care to children with

ASD, specific training (particularly at undergraduate level) is limited and in many cases, lacking completely. To address this unmet need, we are developing a new educational programme at Brighton and Sussex Medical School (BSMS) called Time for Autism (TfA).

TfA is a longitudinal programme, where pairs of students engage with a family whose child is on the autistic spectrum over a course of approximately 15 months. The aim is for students to understand what it is like to live with a condition such as autism and to care for a child who has autism and to learn from the family's experiences.

### **ADIE: ADIE to prevent development of anxiety disorders in autism**

Autism Spectrum Conditions (ASCs) affect 2% of the population and are characterized by lifelong difficulties in social functioning with restricted patterns of behaviour and interests. People with ASCs are vulnerable to anxiety; at least 1 in 4 develops a co-morbid anxiety disorder, which may be resistant to typical drug therapy and psychological approaches. Interoception is the ability to sense internal changes in the body such as heart rate. Some of our recent work has shown anxiety can be increased if there is a discrepancy between how well patients feel they can interpret signals, such as their heartbeat, from their body and how well they are actually able to do this. We have found that helping people to be more aware of their ability and to increase their ability to interpret signals from the body helps reduce and may prevent anxiety symptoms. We would like to try out and compare a new treatment, Aligning Dimensions of Interoceptive Experience (ADIE), teaching ASC patients these skills against the current treatment.

**For more information about any study, please contact us:**

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