# **PRODIGY Final Report Supplementary Documents**

## G. Best practice guidance (Enhanced Standard Care, Sussex site version)



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### PRODIGY Best Practice 'Guidance'

#### What is this 'Guidance' document about?

This document briefly describes standard 'optimal' treatment for young people with mental health (MH) difficulties in your area. Due to the individual presentation of those with MH difficulties it is not exhaustive and is to be consulted only as a point of reference. It lists service options available to you. You are probably doing or are aware of most of these services and please feel free to add anything you find helpful. Please call your **PRODIGY** team for any further advice.

### Why do I have this guidance?

You have referred someone to the **PRODIGY** trial which aims to assess the effectiveness of social recovery Cognitive Behavioural Therapy (SRCBT). As you are aware, half the participants will receive the intervention and half will not. This document is available for all referrers to ensure that those participants who have been randomised to the treatment as usual group have also have access to 'optimal standard treatment'. The information below is designed to further promote the young person's wellbeing regardless of what part of the research trial they are in.

### The guidance includes:

- Information regarding local Mental Health Service Provision.
- Contact information for the local PRODIGY coordinator who will be able to signpost and suggest other potential services / optimal treatment.
- Communication of risk related issues.

### What Local Mental Health Service Provision is there?

If you are seeing young people who have mental health difficulties there a variety of services that you may be able to refer in to and that these young people can potentially access. As part of 'optimal standard treatment', any young person presenting with signs of mental health difficulties should primarily seek advice through their registered GP surgery. The GP would then normally decide whether a referral to local mental health services may be required. The GP may also be able to offer advice or prescribe medication to help with mental health difficulties.

Please note that if you were significantly concerned about the wellbeing of a young person, you can refer or seek advice from local mental health services and in some cases encourage self-referrals. The

GP should also be consulted as part of routine clinical care. The young person may also be asked to consult with a Psychiatrist regarding this especially if they are seen by a specialist mental health service.

If you are not sure what local mental health services are available, as they vary locally, then please contact your local PRODIGY coordinator who may be able to assist you further and signpost to the appropriate services. Please remember at this stage to keep details **anonymous**.

Below are some details of local Youth-related Mental Health Services in your local area and useful contact details. Again this is not exhaustive list.

Service: Sussex Partnership NHS Foundation Trust

Description: Various mental health service provisions, including:

- Child and Adolescent Mental Health Service (CAMHS); aged 0-18 with emotional, behavioural, and mental health difficulties. Discussion with CAMHS consultation service needed prior to referral.
  - o [contact details]
- Early Intervention Service (aged 14-35 with signs of first episode psychosis). Referrals can be made by GP, other professional, or self-referral.
  - o [contact details]
- Assessment and Treatment Services for adult (18 years plus) mental health problems across Sussex. Referrals made by GP.

[contact details]

Website: www.sussexpartnership.nhs.uk

Service: Sussex Partnership NHS Foundation Trust - Out of Hours Helpline

Description: The Sussex Mental Health Helpline is a telephone service offering support and

information to anyone experiencing mental health problems including stress, anxiety and depression. The service is also available to carers and healthcare professionals.

You do not need an appointment.

Contact: [contact details]

### What other services can I refer to or encourage the young person to contact?

### **Sussex Services:**

Services in Brighton: http://www.wheretogofor.co.uk/

Services in West Sussex: http://www.yourspacewestsussex.co.uk/

### Services in East Sussex:

https://czone.eastsussex.gov.uk/specialneeds/mentalhealth/Pages/main.aspx

There is a host of fantastic voluntary and third sector agencies that offers mental health provision such as MIND and other organisations. There are too many to list here and their details / provision change regularly and vary local. Please use the websites above and/or contact your PRODIGY coordinator who may be able to signpost and make suggestions. If young people you are working with do not meet criteria for secondary Mental Health services, the likelihood is that they may be able to access these support services. The PRODIGY study team is linked closely with local Mental Health services and therefore are well positioned to advise you further and suggest other ideas.

There is also lots of information and advice on mental health issues available online, including self help materials at the following websites:

For easy to read and accessible information about mental health and wellbeing, plus mental health apps reviewed by young mental health service users:

### http://www.isanyoneelselikeme.org.uk

For information for families about what mental health problems are, how to cope with them and how to get help. These are very accessible websites with videos of other young people who have had mental health problems:

http://www.whatsthedealwith.co.uk/

http://www.youngminds.org.uk/

An accessible website with lots of psycho-education about anxiety and stress is stress and anxiety specific to teenagers:

http://www.stressandanxietyinteenagers.com/

For useful easy to read self help material based on cognitive behaviour therapy principles, with a number of resources for anxiety problems, substance misuse etc:

http://www.ntw.nhs.uk/pic/selfhelp

### How can I contact the local PRODIGY trial team?

It is important that after the participant you have referred in to the trial is randomised (either allocated to treatment as usual or the intervention) that as referrers you **try not** to talk to the research assistant (RA) in your area about which group the young person has been allocated to. This is because the RA must remain blind to the allocation of participants as not to bias results when they meet participants for their follow-up assessments. Therefore, any matter relating to the participants that you have referred into the trial should either be processed through their trial therapist (if allocated to therapy) or the nominated trial contact in your area, **Clio Berry**. They will be able to help inform you what 'standard optimal treatment' is available for them and any necessary contact details.

Please also let us know of anything important related to the participant from any contact you have with them during their involvement with the trial and we will try to update you regularly too. Please always communicate any risk issues that occur.

The PRODIGY Trial Manager is:

Dr Clio Berry: [contact details]

Or PRODIGY Therapist: [contact details]

### Communication of risk related issues:

As referrers you are likely to have access to your own training on assessment and identification of risk. The ongoing assessment of risk is paramount and helps guide best practice. If risk to the self or other

is identified during contact with your clients then please consult your specific risk reporting procedures. Collect all relevant information, ensure the safety of your client and others and communicate concerns as soon as possible through your appropriate channels. As a study team, we have a duty to report risk related issues and will communicate these to you also as referrer.

If you are concerned about the welfare of someone you have referred to the trial, whether or not they receive the intervention, please make us aware and we can advise you further.

### H. Qualitative interview schedules

# i. Randomised Controlled Trial participant research process (process evaluation sub-study one)

### PRODIGY Topic Guide – phase 1 (feasibility) interview (Version 1.0 01/06/2012)

## 1. Background & history of psychological difficulties

In your own words, just so I can understand where you are coming from, could you tell me about your experiences of psychological difficulties?

### 2. Treatment history

So that I can understand the point you are at now, could you tell me, again in your own words, about your history of involvement with mental health services?

### 3. Current treatment

Can you tell me a little more depth about the help and support you are receiving now?

### Prompts:

- Knowledge of treatment or control randomised group
- Refer to start date of trial entry, discussion of treatment since that date
- Key appointments/ experiences

### 4. Focus on the research study

We are interested to know about your experiences of taking part in our research study. In your own words can you tell us what taking part in the research has been like for you?

### Prompts:

- Recruitment: How did you first hear about the study?
- Study information what did you understand about the study?
  - o Opportunities to have questions answered?
  - o Did you have any unanswered questions?
  - Understanding of randomisation
- Contact and communication with the study team
- Retention: what made you decide to continue to be involved in the research study?

### 5. Research procedures

Can you tell me about what you have had to do so far to take part in the research and how you found this?

## Prompts:

- Assessment appointment
- Research questionnaires
- Recording of treatment sessions if in intervention group
- Explore CBT in particular: even brief exploration of 'key ingredients' of therapy
- Any negatives/difficulties in therapy (eg, disclosure, concentration/memory, potential ineffectiveness)
- Probe for depth of experiences and suggestions for how things might be changed for the better

### 6. Views of the research study

If we were to undertake a larger scale study, what suggestions can you give us that would help things to run better in the future?

### Prompts:

- Practical arrangements
- Research measures and assessments
- Research procedures- randomisation, consent
- What has worked well in this study so far?
- What hasn't worked so well?

# 7. Final thoughts

Is there anything else about taking part in this research study in particular that you would like to add?

# ii. Randomised Controlled Trial participant intervention (process evaluation sub-study two)

### PRODIGY Topic Guide – Phase 2 Interview (Version 1.0 01/06/2012)

### 1. Background and history of psychological difficulties

In your own words, could you tell me about your experiences of psychological difficulties?

### Prompts:

- First experiences (such as hearing things that others don't, feeling paranoid)
- Progression of experiences or symptoms
- Problems with relationships/social life/school/work
- Substance use and attempts to self-manage.
- Stigma

### 2. Treatment history

So that I can understand the point you are at now, could you tell me, again in your own words, about your history of involvement with mental health services?

### Prompts:

- 'Outcomes' of each episode
- Engagement with services
- Progression through different treatment modalities.
- Relationships with staff

### 3. Current treatment

Can you tell me a little more about the help and support you are receiving now?

# Prompts:

- Knowledge of treatment or control randomised group
- Refer to start date of trial entry, discussion of treatment since that date
- Key appointment s/ experiences

### 4. Outcomes

Have any of the difficulties you have experiences that we have discussed in this interview improved since you have been involved with the PRODIGY study?

## Prompts:

- If so how?
- What improved?

- If not why do you think that is?
- What didn't improve?

# 5. Hopes for the future

Thinking about the future, what are your hopes and fears for your psychological wellbeing?

# Prompts:

- Where do you see yourself in a years time?
- Where do you want to be in the future?
- What are your concerns about your own mental wellbeing, thinking about the future?

# 6. Final thoughts

Is there anything else about your own experiences of your mental health in general or taking part in this research study in particular that you would like to add?

## iii. Therapist (process evaluation sub-study three)

### Therapist interview topic guide (Version 1.0 16/08/2017)

#### Introduction:

Thank you for agreeing to participate in this study.

I am going to ask you about your experiences as a therapist using Social Recovery Therapy. I'll call it SRT from now on. There are no right or wrong answers. I am just interested in your thoughts and experiences. I have some questions to ask you to help guide our discussion but I am really interested in anything you feel is important even if I don't ask you specific questions about it.

# 1. What has been your experience of using SRT with this population?

### Prompts:

- What has been the experience in terms of therapeutic relationship?
- How has this impacted on you as a therapist, for example in terms of your feelings and thoughts?
- How has the experience of negotiating goals/discussing values/implementing change been?
- 2. Thinking about a specific client you have worked with using SRT, for whom you feel therapy did not go well, can you describe the stages in the process of the therapy with this client and how you felt as therapist at these points?

### Prompts:

- Before starting therapy (reading referral)
- First session (building therapeutic rapport, establishing therapeutic relationship, negotiating goals and contract etc)
- Immediately after a therapy session
- Discussing client in supervision
- Planning actions/change
- Reviewing goals/ progress
- End of therapy
- 3. How do you make sense of the experience of feeling like SRT did not go well with this client?

### Prompts:

- What made you feel positive about it?
- What was challenging about it?
- What knowledge has supported you in making sense of your experience?
- In which contexts have you reflected on your experience in this way (e.g. supervision, colleagues, literature, self practice/self reflection) and how helpful was it?

4. Thinking about a specific client you have worked with using SRT for whom you think SRT worked well, can you describe the stages in the process of the therapy with this client and how you felt as therapist at these points?

### Prompts:

- Before starting therapy (reading referral)
- First session (building therapeutic rapport, establishing therapeutic relationship, negotiating goals and contract etc)
- Immediately after a therapy session
- Discussing client in supervision
- Planning actions/change
- Reviewing goals/ progress
- End of therapy
- 5. How do you make sense of the experience of feeling that SRT went well with this client?

### Prompts:

- What made you feel positive about it?
- What was challenging about it?
- What knowledge has supported you in making sense of your experience?
- In which contexts have you reflected on your experience in this way (e.g. supervision, colleagues, literature, self practice/self reflection) and how helpful was it?
- 6. How have you managed your experience of using SRT with this population?

## Prompts:

- How did you manage the therapeutic relationship? (e.g. develop, maintain, etc.)
- How did you manage your feelings and thoughts?
- How did you manage the negotiation of goals/discussion of values/implementation of change?
- What was helpful in dealing with the positives?
- What has been helpful in dealing with the challenging aspects?
  - O Did you have strategies to deal with this?
  - O How did you develop these strategies?
- 7. What kinds of things useful for training therapists to use SRT?

## Prompts:

- What if SRT was delivered by professionals with different professional backgrounds?
  - o With different levels of experience?

8. therap	What kinds of things would be useful and important for supervision and support for bists using SRT?
9. that w	Is there anything else about your experience of using SRT that you feel is important and re haven't talked about yet?

o With clients with different presentations? In different types of services?