Newsletter: A Covid-19 Edition

# In brief:

* Associate Professor Emma France, delivered two invited international workshops on meta-

### Volume 2, Issue 5 30/04/21

**Effective interventions to support the resilience and mental health of frontline health and social care staff during a global health crisis and following de-escalation (RECOVER)**

#### By Alex Pollock, Pauline Campbell and Julie Cowie

ethnography conduct, one for the Agency for Healthcare and

Quality, USA, and one for the University of

Stavanger, Norway.

* Lynne Gilmour, as part

of the [Emerging Minds](https://emergingminds.org.uk/special-interest-research-group-the-impact-of-live-music-engagement-in-improving-mental-health-and-wellbeing-in-children-and-young-people/)

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 [Research Group,](https://emergingminds.org.uk/special-interest-research-group-the-impact-of-live-music-engagement-in-improving-mental-health-and-wellbeing-in-children-and-young-people/) has organised their first workshop for May to discuss the impact of live music on young people’s mental health.

* A [rapid review on current healthcare policies on dysphasia assessment, aerosol- generating procedures and the risks](https://onlinelibrary.wiley.com/doi/full/10.1111/1460-6984.12544) of COVID

-19, conducted by Professor Marian

Brady, has led to the establishment of an

Independent Advisory Panel Review and an NIHR ’Task and Finish’ Group on the same issue.

As part of the CSO-funded

 [RECOVER](https://www.cochrane.org/CD013779/EPOC_what-best-way-support-resilience-and-mental-well-being-frontline-healthcare-professionals-during-and) study, we conducted a rapid scoping review and mixed method Cochrane review to bring

together evidence about the effectiveness of interventions to support the resilience and mental health of frontline health and social care

professionals during and after disease epidemics/ pandemics. We also aimed to explore the evidence relating to barriers and facilitators to intervention implementation. We found 747 relevant papers, however the majority of the research papers (72%) are about the impact of working in a disease epidemic/pandemic on the mental health of frontline workers. The most common study design (40%) was a

staff survey and one-third of the research included related to the COVID-19 pandemic.

There was no evidence to explain how well different interventions aimed at supporting the resilience and mental well-being of frontline health and social care

professionals work. In particular:

1. Only one study has investigated how well an intervention worked. The

evidence in this study was of very low certainty and we cannot say whether the

intervention helped or not.

1. There are no high-quality research studies that

investigated the effect of

interventions.

We found limited evidence

about things which might help successful delivery of

interventions to improve resilience and mental health in frontline health and social care workers, which included 17 findings from 16 studies. However, we do not have high confidence in any of the findings; we have moderate confidence in six findings and low to very low confidence in 11 findings.

Our take home message is that properly planned

research studies to establish the best ways to support the resilience and mental well- being of frontline workers during disease epidemics/ pandemics are urgently required.

**Listen to our podcast** [**here**](https://www.cochrane.org/podcasts/10.1002/14651858.CD013779)

**Exploring the experiences of ‘long Covid’**

#### By Pat Hoddinott

**Inside this issue:**

A new study led by the University of Stirling is seeking to understand the lived experiences and support needs of people experiencing long-term

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| The [RECOVER](https://www.cochrane.org/CD013779/EPOC_what-best-way-support-resilience-and-mental-well-being-frontline-healthcare-professionals-during-and) [Study](https://www.cochrane.org/CD013779/EPOC_what-best-way-support-resilience-and-mental-well-being-frontline-healthcare-professionals-during-and) | 1 |
| Exploring the experiences of ‘long Covid’ | 1 |
| 400 days of trial management in a pandemic | 2 |

effects of COVID-19.

The study will look at those experiencing prolonged symptoms – known as ‘long COVID’ – to produce a reliable, evidenced online resource with practical

information and support for those affected and their

families and carers. We will also present information that can be used to train doctors, nurses, social care and other healthcare workers – and

ultimately improve care to patients.

The two-year study – which has received funding from

the Scottish Government’s Chief Scientist Office – will be led by Professor Kate Hunt from the Institute of

Social Marketing and Health (ISMH), and will involve colleagues from the University of Stirling, University of Aberdeen, University of Oxford, and the Nursing, Midwifery and Allied

Health Professions Research Unit (NMAHP-RU). Professor Hunt will work alongside

Professor Louise Locock (University of Aberdeen); Ashley Brown, Douglas

Eadie (ISMH, University of Stirling); Professor Sue

Ziebland (University of

Oxford); Professor Pat Hoddinott (NMAHP-RU, University of Stirling); and patient research partner Callum O’Dwyer.

The research team will compare their findings with experiences of people with long COVID living in other countries, and with other studies. The findings – including video, audio and written excerpts from the interviews – will be freely available in due course

on [healthtalk.org,](https://healthtalk.org/) which shares the stories of people living with various health conditions.


## 400 days of trial management in a pandemic

#### By Kirsteen Goodman

Reflecting on the past 400 days since Scotland’s first lockdown, two home office moves (playroom to spare room!) and juggling home schooling- I am thankful that the TOPSY trial luckily finished recruitment in

February 2020. However, the major challenges to tackle were to quickly implement new procedures and processes to ensure data integrity was kept high during our follow up time- points. All urogynaecology clinics were initially suspended in all 21 centres so we implemented a 2 part “end of study follow up” process. Part 1 was an initial telephone call to women to ensure there were no problems and to collect the data we could over the phone. Part 2 was a clinic visit to complete the physical examination.

Frequent communication with all centres was important to understand how the pandemic

Recent publications

was affecting the 21 centres across the UK. Many nurses and clinical staff were redeployed so keeping requests for information simple and easy for the centre staff was crucial. Posting paper questionnaires was impossible from home so from summer 2020 we were granted office access every 6 weeks to post batches of questionnaires out to the women in TOPSY.

We communicated (by letter) with all participants at the start of the pandemic to provide an update on what our changes were and if women wanted to opt in to completing their follow up questionnaires online.

Interestingly, only one woman changed her preference to online. Our questionnaire return rate has remained

>90% at all time-points which is in no doubt a big part due to Lynn Melone (TOPSY data

coordinator) and her tracking and chasing when required.

We also presented at the UKCS virtual conference (also bringing home the top abstract award!) so we have celebrated several successes despite the pandemic.

The main challenges have been not having team face to face meetings and juggling family and home schooling. Everything else could be almost classed as a routine trial “issue” to resolve, which would happen out-with a pandemic. Other trials have had more serious implications to deal with and it has definitely changed the future of trials – but for the better? We will need to wait and see.

**Read more:** [It is](https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04711-6)

 [unprecedented: trial](https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04711-6)

 [management during the COVID-](https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04711-6)

 [19 pandemic and beyond](https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04711-6)

* + Bugge, C., Dembinsky, M., Kearney, R. and Suzanne, H. (2021) Does self-management of vaginal pessaries improve care for women with pelvic organ prolapse? *BMJ (e-pub ahead of print) Doi: 10.1136/bmj.n310*

**In brief:**

* Margaret Maxwell

Presented a seminar

to the Strathclyde Institute of

Pharmacy and Biomedical

Sciences: Triple complexity in research design: what makes NMAHP research unique.

* Our [Research](https://www.nmahp-ru.ac.uk/people/research-partnership-group-rpg/)

 [Partnership Group](https://www.nmahp-ru.ac.uk/people/research-partnership-group-rpg/) are continuing their work online. Get in touch by emailing

 peopleinresearch@g

 cu.ac.uk

* Margaret Maxwell was invited to join a Radio Scotland

feature on Farmers’ Mental Health.

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* + Pollock, A., Campbell, P., Synnot, A., Smith, M. and Morley, R. (2021) Patient and public involvement in systematic

reviews. *GIN PUBLIC Toolkit.*

* + Harkness, M., Yuill, C., Cheyne, H., Stock, S., McCourt, C. and On behalf of the CHOICE Study Consortia. (2021) Induction of labour during the COVID-19 pandemic: a national survey of impact on practice in the UK. *BMC Pregnancy and Childbirth,* 21 (1), pp. 310.
	+ Webb, R., Uddin, N., Ford, E., Easter, A., Shakespeare, J., Roberts, N., Alderdice, F., Coates, R., Hogg, S., Cheyne,

H. and Ayers, S. (2021) Barriers and Facilitators to Implementing Perinatal Mental Health Care in Health and Social Care Settings: A Systematic Review. *Lancet Psychiatry (e-Pub Ahead of Print) Doi: 10.1016/S2215-0366(20)30467-3*

The full list of papers is available at <https://www.nmahp-ru.ac.uk/research/publications/>

# Directors Blog:

There is no doubt these are challenging times for all and the future might look somewhat different as we emerge from another lockdown period. There is much talk of reflecting on what has worked and what has not, during Covid-19, alongside the need for workplaces to re- mobilise and reconsider (or re-design) how they/we work. The need

for major economic recovery in the UK alongside continued national support to tackle Covid- 19 and its impacts will no doubt have repercussions for research priorities and funding. We have already seen the effects of cuts in Government funding leading to the requirement for UKRI to find substantial savings in the next financial year across their large portfolio of

Official Development Assistance (ODA) research and innovation. More positively, there is now a new UK-wide vision to create a patient-centred, pro-innovation and data-enabled clinical research environment. The vision has been developed through the cross-sector Recovery, Resilience and Growth programme, a joint venture with NIHR (one of our major funders) working alongside the NHS, regulators, medical research charities, life sciences industry, the UK government and devolved administrations. In this new recovery phase, NMAHP Research Unit is well placed to contribute to this new ambition.

# Best Wishes, Margaret Maxwell