

ODDESSI NEWS

Newsletter with updates from the ODDESSI Research Programme

News in Brief

- As of October, all of our sites have now officially resumed full research activities including recruiting new participants, albeit largely remotely.

- The LEAP (Lived Experience Advisory Panel) met in July and provided invaluable feedback on how we assess and monitor study outcomes. They will meet again in December.

- We said goodbye to Ben Brandrett, Sailaa Sunthararajah, and Rosie Powell Davies in September, who have moved on to new clinical roles. Good luck and thank you for all your hard work!

- We have continued to maintain a good rate of follow-up assessments with our trial participants: over 80%.

- We have recruited over 300 people to participate in the trial, including those who have experienced a mental health crisis as well as people close to them.

- The process evaluation team at Middlesex are set to use "conversation analysis" to analyse transcripts from Open Dialogue network meetings.

- Many of the ODDESSI mental health teams are working remotely. To support this, an advisory committee have consulted with teams and services users, and produced a 'Remote Working Guidance document'.

- Congratulations to the ODDESSI team in Devon Partnership Trust for their NIHR Research Award for "Contribution in a Community Setting".

- A big welcome to **Emma McKenzie**, who has joined the team at NELFT.

Marcus Remembered



It was whilst out on my daily walk by the sea that the words of how I felt About Marcus came to mind. When I first met Marcus, I was immediately impressed with his knowledge of research methods and ethics and how he had used this in his research to date. What I had not anticipated was the impact that Marcus would have not only on me and my team, but on the development of our research project that is about to publish its first papers from a Kent perspective.

Aside from his phenomenal knowledge about research methods, Marcus also had a humility which made him relatable to myself and my team, helping us to embrace research. I admired the fact that Marcus would always speak out if ever he felt the research process was being compromised. He challenged everything and everyone if he felt a robust research process was not being followed. This attention to detail brought him admiration and a position of authoritative knowledge. Marcus was always supportive and patient with any questions me or the team had for him. Similarly, he was always kind and compassionate with the people he had consented into the research and this contributed to people remaining participants.

I will miss Marcus on a personal and professional level and felt I had only scratched the surface of getting to know who Marcus the man was, as I had not got to know other areas in his life that he loved, such as playing the guitar and his love of sci fi. I know I speak on behalf of my team when I say we shall miss his presence and his quirky sense of humour.

-Yasmin Ishaq, Open Dialogue Service Lead, Kent and Medway Partnership Trust

The Colman family would like to thank everyone who donated to the 66Miles4Marcus, and a special thank-you to all who walked, ran, cycled, hopped, skipped, or jumped, in order to raise money. Many thanks to Imogen Sargent and her team, who organized this, and we are so grateful to you all for making it possible to donate this sum of money to Choice Support, in Marco's name. He is greatly missed by us all.

-Jane, Gaf, Jay, Liz, Gwil, Zak, Meg, and baby Nolan (Marco's grandson).

Search for '66miles4marcus' online to find out more and donate.

ODDESSI and Remote Working



Since lockdown restrictions were imposed earlier this year, the ODDESSI researchers and clinical teams have had to adapt to a new way of working. The researchers have been in much closer contact across sites, with weekly 'virtual' update meetings and informal coffee mornings. In August we conducted focus groups with staff and service users from the clinical teams to ask about their experiences of remote working.

Remote working has in some ways been more flexible, as meetings are now able to take place at more convenient times (without having to leave time for travel). In some cases more mental health staff were able to attend team meetings, and service user's families who could not travel were able to attend 'virtually'.

However, this new way of working does have its limitations. Issues with access to and the reliance on (often unreliable) technology can have a frustrating impact on ability to connect with people. It's crucial that clients who are unable to access remote treatment meetings do not miss out on essential care, and so at times Personal Protective Equipment (PPE) has been useful to ensure care is delivered.

Continuing to look at and respond to the experiences of researchers, clinical teams, and service users will be key going forward, as it will inform our ways of working for the foreseeable future.

-Georgie Parker, ODDESSI Research Assistant at UCL

What is 'recovery'?

The short answer is: it's complicated. For a moment consider what recovery means to *you*. Where do your thoughts take you? What sort of themes arise? I'm sure, just like me, your answers are informed by personal experience and are unique to you. People will have different understanding of recovery, and rightfully so. Something as complex, multidimensional, and fluid is likely to hold a different meaning amongst many of us.

So how does this translate to ODDESSI? How do we traverse the rich tapestry of an individual's journey and meaningfully estimate recovery? And, how do we do this with a lot of unique and diverse participants? This is not only a fundamental question within our study, but also within the field.

Recovery and relapse are key outcomes of the ODDESSI research trial, and we seek to describe recovery in different ways. For the primary outcome, we have a panel who meet to review summaries of the months following a participant's mental health crisis. These summaries includes information about each person's mental health and social circumstances (often in their own words), and any health care they have received. The panel considers 'symptoms' but also other elements of recovery, such as whether people are able to function as well as they would like. These processes are informed by the work of Professor Tom Craig, who was the lead investigator for the 'Lambeth Early Onset Trial (LEO)'.

We also ask all of our trial participants to complete the 'Questionnaire about the Process of Recovery', over the course of two years. This questionnaire was developed following in-depth interviews with people who have experienced psychosis about the most important or meaningful aspects of their own recovery. We will also shortly be conducting more in-depth interviews with service users and their supporters, often facilitated by service user researchers, to better understand and describe the detail of people's experiences of recovery.

Recovery is complex, and it is crucial that we give recovery the consideration and thought that it deserves.

-Ben Brandrett, ODDESSI Research Assistant at UCL

Thank you for taking the time to read the ODDESSI newsletter. We will be uploading future newsletters and information about the study to our website, so check back at any time for updates. **To find us go to www.ucl.ac.uk and search for 'ODDESSI'.** **You can also email us at oddesi@ucl.ac.uk**