Primary Care, Population Sciences & Medical Education: PhD Research Presentation Half Day

Monday 20th January 2020, IDS Lecture Theatre, Southampton General Hospital

9.05	Julie Parkes	**Welcome and Introduction**
9.10	Steph Hughes	A qualitative synthesis exploring the experiences of men undergoing active surveillance for prostate cancer and their significant others
9.23	Sam Hornsey	Management of Paediatric Sleep Problems in Primary Care: A Systematic Review.
9.36	Athena Ip	A randomised feasibility trial of a web-based behavioural intervention supporting self-management for acne
9.49	Bethan Treadgold	Parents online exchanges about eczema treatments: qualitative analysis of online discussion forums
10.02	James Morris	Treatment burden experienced by people with multimorbidity: Dorset survey
10.15	Kate Glyn-Owen	I dreamed a dream… prevention and early detection of liver disease
10.28	Heather Mozley	"It's about lighting fires, not filling buckets!" Exploring perceptions of Widening Participation and diversity in a UK medical school
10.41 – 11.10 **Break**		
11.10	Nida Ziauddeen	Examining maternal and early life risk associations with childhood overweight and obesity
11.23	Fernando Santos Sanchez	A Web Platform for Public Involvement in Patient Information Design: Employing Text Analysis and Crowdsourcing for PPI when Revising RCT PILs.
11.36	Michelle Holmes	Reconceptualising Patient-Reported Outcome Measures as Active Components of Specialist Musculoskeletal Care for Back Pain
11.49	Rachel Dewar-Haggart	Attitudes and Preferences of People regarding Long-term Antidepressant Use for Depression: The APPLAUD Study
12.02	Chloe Langford	An exploration of assessor and BM6 students' experiences of OSCEs
12.15	Elizabeth Taylor	Change in modifiable maternal characteristics between consecutive pregnancies and offspring adiposity: a systematic review
12.28	Inna Walker	Adverse childhood experiences and improving health and life chances of young adults in the criminal justice system
12.41 – 13.30 **Lunch & Networking**		

A qualitative synthesis exploring the experiences of men undergoing active surveillance for prostate cancer and their significant others

Stephanie Hughes
Supervisors: Dr Hazel Everitt, Dr Becky Band & Dr Beth Stuart

ABSTRACT

Background

Men with localised, slow growing prostate cancer (PCa) are increasingly being offered active surveillance (AS). AS involves closely monitoring the cancer with a view to delaying or avoiding radical intervention and the associated side effects. Research suggests that men on AS may have heightened levels of anxiety, concern and distress due to living with an untreated cancer. A previous study (PROACTIVE) explored providing a support intervention for men on AS. Qualitative interview findings with the men during PROACTIVE indicated that partners/significant others (SOs) are important to PCa decisions both practically and emotionally but research in this area is limited.

Methods

The aim of this study is to synthesise the best available evidence exploring the experiences of men undergoing active surveillance for prostate cancer and their significant others. Searches were conducted in five relevant online databases; MEDLINE (Ovid), EMBASE, PsychINFO, CINAHL and Cochrane Library. Thematic analysis was performed on the 'results' section of each eligible paper using the Thomas & Harden (2008) method for performing thematic synthesis.

Results

A total of 1967 papers were screened and 19 met the eligibility criteria and were included in the analysis.

The synthesis revealed a large variation in perceptions of disease severity in men on AS ranging from perceptions that the cancer is 'insignificant', to something 'worse than a heart attack or stroke'. Similarly, levels of anxiety and uncertainty varied across the sample. The greatest expressed concern was missing the window of opportunity to treat.

Significant others were reported to be heavily involved throughout diagnosis, treatment decisions and subsequent lifestyle changes, and also reported feelings of anxiety and uncertainty. Significant others viewed themselves as being under AS, and some perceived themselves as the driver in navigating the diagnosis and AS pathway, noticing PCa symptoms before their spouses and encouraging medical checks.

Conclusions

The psychosocial impact and experiences of AS for PCa varies hugely within this patient population. It is not clear why this variation exists, and further research to explore the differences between those who find AS comfortable and those who find it challenging is needed. It is clear that extra support would be valuable to some, but not all men on AS and their significant others.

Management of Paediatric Sleep Problems in Primary Care: A Systematic Review.

Samantha Hornsey

Supervisors: Prof Hazel Everitt, Dr Catherine Hill, Dr Beth Stuart, Dr Ingrid Muller

ABSTRACT

Introduction
Sufficient sleep is important for healthy child development. Behavioural Insomnia (BI) is common and can be treated with behavioural and sleep hygiene interventions. As a first point of contact for families, primary care offers opportunities to identify and address sleep problems at an early stage. A US review (Honaker and Meltzer 2016) suggested that professionals lack training and sleep is rarely discussed. Our review further explores primary care professionals' knowledge of BI, perceptions of their role and current practice.

Methods
Six databases were searched (MEDLINE, EMBASE, PsycINFO, CINAHL, Cochrane Library CENTRAL, Web of Science), using terms for 'sleep', 'child/paediatric', 'primary health care', 'general practitioner' and 'health visitor'. Selection criteria included studies of primary care practitioners (PCPs) seeing parents or children presenting with paediatric sleep problems. The focus is PCPs attitudes, knowledge, understanding and practice regarding paediatric sleep management in primary care. SH lead paper screening and data extraction. A second reviewer will screened 20% of initial titles and will screen 20% of full texts and check data extraction. The mixed methods appraisal tool will be used for quality appraisal. A mixed-methods synthesis will include a thematic synthesis of qualitative papers and a narrative synthesis of quantitative papers.

Findings
Database searches resulted in 7578 results, de-duplicated to approximately 5500. Titles and abstracts were screened for eligibility, of which 499 required full text screening. To date, 10 papers have been included for analysis, from which data has been extracted. Results will be presented at the conference.

To date, there are no UK studies eligible for inclusion.

Discussion
A greater understanding of primary care professionals' knowledge of Behavioural Insomnia, perceptions of their role and current practice will identify key areas to inform research to improve the management of paediatric sleep problems in primary care.
The lack of UK based studies is notable.

A randomised feasibility trial of a web-based behavioural intervention supporting self-management for acne

Athena Ip

Supervisors: Dr Ingrid Muller, Dr Miriam Santer, Dr Adam Geraghty and Professor Paul Little

ABSTRACT

Background:
Acne is a common condition affecting 95% of adolescents. First-line treatments are topical preparations but non-adherence to these are common. Many people use oral antibiotics for long periods, increasing the risk of antibiotic resistance. Few robust interventions have been developed to improve adherence to topical treatments. This study aimed to test the feasibility of a web-based behavioural intervention, developed using the Person-Based Approach, to support self-management of acne in primary care.

Method:
A feasibility trial was carried out with people aged 14-25 years with acne, recruited through search and mail-out from primary care practices in the Southwest of England. Participants were randomised to receive usual care or usual care plus access to the intervention. Follow-up was at 4 weeks and 6 weeks. Primary outcomes were to establish the number of practices needed for recruitment, attrition rates, intervention usage, and completion rates of questionnaires.

Results:
53 participants were recruited from 20 primary care practices. Response rate for the primary outcome measure was 87% at 4 weeks, 6 weeks or at both time points and 13% of participants were lost at follow-up. Completion rates for questionnaires were relatively high across all intervals with a drop off at follow-up. Uptake of the core module (topical treatments) was good, although this was low for other modules (myth-busting quiz, other treatments, oral antibiotics, speaking to a general practitioner, what acne is, and living with acne). The changes observed in the outcome measures showed that the intervention group reported trends in the direction of benefit.

Conclusion:
These findings demonstrated the feasibility of delivering a trial of a web-based behavioural intervention to support self-management of acne. The intervention could potentially support people to manage their acne without resorting to oral antibiotics.

Parents online exchanges about eczema treatments: qualitative analysis of online discussion forums

Bethan Treadgold

Supervisors: Dr Ingrid Muller, Dr Miriam Santer, Dr Emma Teasdale (University of Southampton); Prof Neil Coulson (University of Nottingham)

ABSTRACT

Background

Parents and carers of children with eczema often turn to social media sites and online discussion forums for information and peer-support. Recent studies have found diverse beliefs expressed by parents online about the use of topical corticosteroids to treat eczema. However, little is known about the beliefs that parents share about other treatments for eczema, such as emollients, antihistamines and bandages/wet wraps.

Aim

To explore the views and experiences exchanged by parents on social media sites and online parenting forums about eczema treatments.

Method

An online survey was conducted to identify the most popular online resources used by parents of children with eczema. Discussions between parents about eczema treatments were subsequently collected from two online parenting forums and one social media site. Relevant discussions were identified through internal search functions using terms such as 'eczema', 'steroid' and 'emollient'. The data is being coded in NVivo version 12 and analysed with inductive thematic analysis.

Findings

243 discussions were collected across the three sites. The nature of responses to parents' requests for information about treatments varied: some parents responded with long detailed accounts of their child's treatment journey, often with emphatic advice that the same treatment that worked for them must work for others; others expressed more awareness that different treatments work for different people. Polarised views about treatments were often expressed, with some posts offering 'standard' advice and others offering advice that could lead to disagreement with health professionals. Many parents expressed their desperation to help their children's eczema, and encouraged others to 'fight' for allergy testing and referral to a dermatologist.

Discussion

This study will provide an insight into some of the eczema treatment advice and support shared by parents/carers online. Findings will help academics and clinicians to better understand the perspectives that parents bring to their consultations and about their use of online resources for advice and support for eczema.

Treatment burden experienced by people with multimorbidity: Dorset survey

James Morris

Supervisors: Simon Fraser, Paul Roderick, Lily Yao, Sam Crowe, David Phillips

ABSTRACT

Background
Treatment burden is the workload of healthcare, and its impact on patient functioning and wellbeing. Multimorbidity may lead to high treatment burden through activities such as taking and managing multiple medications, attending frequent healthcare appointments, and monitoring health. Such burden is not well described at population level. Public health interventions to reduce avoidable treatment burden require a better understanding of treatment burden at scale.

Aim
To assess the extent, distribution, and determinants of treatment burden in people with multiple long-term conditions.

Methods
A cross-sectional postal survey of people living with multimorbidity in Dorset was designed. The sample comprised adults aged ≥55 years with at least three long-term conditions. The survey had online and postal response options and captured self-reported treatment burden via the Multimorbidity Treatment Burden Questionnaire, a ten-item, validated instrument returning a score from 0 (no burden) to 100 (maximum burden). 'High' burden was predefined as a score of ≥22. Other data captured included: sociodemographics; health conditions; prescribed medications; travel times; recent health service use; and quality-of-life data. Eight Dorset GP practices participated, mailing out approximately 2000 survey invitations.

Results
835 survey responses were received (response rate 42%). Mean age of respondents was 75 years, with 54% female, mirroring the invited sample. Respondents were typically white (98%), retired (86%), owned their own home (78%), were prescribed 4-6 medications (38%), and reported three long-term conditions (31%). Initial analyses suggest that making recommended lifestyle changes, and arranging appointments with health professionals, caused particular treatment burden. 18% of respondents were classed as having 'high' treatment burden.

Conclusions
Further results will be presented at the conference, including an account of factors statistically associated with high treatment burden, and the relation between burden and quality-of-life. Findings may inform system-level interventions that could reduce avoidable treatment burden, thereby improving people's experience of healthcare.

I dreamed a dream… prevention and early detection of liver disease

Kate Glyn-Owen
Supervisors: Julie Parkes, Paul Roderick

ABSTRACT

Background
Liver disease is the third biggest cause of premature death in the UK. More than 90% of liver disease is due to modifiable risk factors – alcohol, obesity and viral hepatitis - and is preventable. Disease is progressive and is reversible in the early stages. Early detection of disease is therefore essential to improve outcomes. The best way to detect liver disease in the general population is not clear.

Aim
To generate evidence which will improve prevention and early detection of liver disease.

Methods
Analysis of the Health Survey for England, to explore abnormal liver blood tests and fibrosis scores in a general population setting. Analysis of the National Diet and Nutrition Survey, to explore associations between alcohol calories and obesity. Meta-analysis of cohort studies, to determine increased risk of liver disease associated with combinations of alcohol and BMI risk factors.

Results
Multiple risk factors for liver disease were found in 28% of a nationally representative sample. Prevalence varied significantly by age, gender, ethnicity, education and smoking status. Commonly used liver blood tests and fibrosis scores showed huge variability and concordance between tests was low.
Compared to normal weight participants drinking alcohol within UK recommended limits, relative risk of liver disease in overweight participants drinking above limits was 3·60 (95%CI 3·22-4·02, p<0.0001) and relative risk in obese participants drinking above limits was 5·84 (95%CI 5·09–6·70, p<0.0001).
Total calorie consumption was significantly greater on days when participants drank alcohol, compared to days they didn't (mean difference 424 kcal (95%CI 395–452, p<0.001).

Conclusions
This work contributes to available evidence on liver disease in the general population. This evidence should inform advice given to patients, risk stratification by healthcare professionals and national policy and prevention strategies. Results will be used to change local risk algorithms and pathways in to care.

"It's about lighting fires, not filling buckets!" Exploring perceptions of Widening Participation and diversity in a UK medical school

Heather Mozley
Supervisors: Sally Curtis, University of Southampton; Kath Woods-Townsend, University of Southampton; Marcus Grace, University of Southampton; Jen Cleland, University of Aberdeen

ABSTRACT

Background: The medical profession has historically been dominated by a 'social elite', almost exclusively accessed by those from middle-class, privately or selectively educated backgrounds1. Medical schools have aimed to increase diversity by making significant investments in attracting and recruiting potential students from socially and educationally disadvantaged (Widening Participation) backgrounds, supported by a wide range of institutional policies and practices which are often underpinned by a meritocratic discourse of social justice2,3.

Despite these efforts, students from Widening Participation (WP) backgrounds continue to be under-represented in and are more likely to drop out of medical schools, raising questions about the effectiveness of current strategies for WP4,5. A wealth of research has identified barriers to and facilitators of successful recruitment to medical school for WP students6, but little is known about the wider impact of increasing diversity through WP on medical school learning experiences, which may have implications for retention and future recruitment.

Aims: This project qualitatively explores staff and student perceptions of WP and diversity within the University of Southampton medical school, with a view to understanding how WP and diversity are experienced within the institutional medical school culture.

Methods: Six staff and forty-six students from the University of Southampton medical school took part in twelve focus groups. Transcripts were descriptively analysed within a constructivist paradigm.

Results and discussion: Early findings suggest that the majority of participants are positive about WP and have experienced numerous benefits of diversity during medical school. However, limited integration, perceptions of stigma and a disconnect between rationales for WP and the impact of increased diversity within medical school reveal potential challenges for successfully embedding diversity and inclusivity within the culture of medical education.

Examining maternal and early life risk associations with childhood overweight and obesity

Nida Ziauddeen

Supervisors: Nisreen Alwan, Paul Roderick, Nick Macklon

ABSTRACT

In England, 1 in 10 children aged 4-5 years and 1 in 5 aged 10-11 years are obese, with the prevalence in the most deprived areas being more than twice as that in the least deprived. There is no system-based early identification of childhood obesity risk at pregnancy stage and onwards. The aim of this project was to examine associations between risk factors for childhood obesity (including maternal obesity and size at birth) and to develop and validate prediction models on childhood overweight/obesity utilising prospectively collected routine healthcare data at pregnancy, birth and early life. A population-based anonymised cohort of maternal antenatal and birth records for all births registered with University Hospital Southampton, between 2003 and 2018, was linked to child health records. A systematic review was conducted as part of this work identifying eight prediction models for childhood overweight and obesity. It highlighted methodological limitations in model development, validation and non-standard reporting limiting usability of the published models.

In terms of risk factor associations, a large proportion of women (47.7%) gained weight ($\geqslant 1$ kg/m2) between pregnancies. An interpregnancy interval of 12-23 months was associated with the lowest risk of starting the second pregnancy with a higher body weight as well as a lower risk of small for gestational age (SGA) birth in the second pregnancy. Overweight women were at lower risk of recurrent large for gestational age (LGA) birth in the second pregnancy if they lost weight between pregnancies, whereas normal weight and overweight women who gained weight were at increased risk of 'new' LGA after having a non-LGA birth in their first pregnancy. In terms of prediction models, these were developed in stages, incorporating data collected at first antenatal booking appointment, birth and early life predictors. Maternal predictors included BMI, highest educational qualification, partnership status, smoking at booking, ethnicity, first language and intake of folic acid supplements. Early life predictors included birthweight and gestational age, sex and weight at 1 and 2 years. Most maternal predictors remained consistent across models indicating that risk could be identified at pregnancy, with more precise estimation at birth/in early-years. Maternal BMI was a key predictor and the high proportion of women gaining weight after pregnancy indicates that preventing weight gain between pregnancies is an important measure to achieve better maternal and offspring outcomes.

A Web Platform for Public Involvement in Patient Information Design: Employing Text Analysis and Crowdsourcing for PPI when Revising RCT PILs.

Fernando Santos Sanchez

Supervisors: Prof Jeremy Wyatt, Dr Adam Geraghty, Prof Thanassis Tiropannis

ABSTRACT

Background
Current Patient Information Leaflets (PILs) for Randomised Controlled Trials (RCTs) have been found lacking in their quality. They are not easy to read (Moult 2004) and participant understanding of essential trial aspects is rarely assessed outside high-risk trials (HRA 2017)(NHS 2014)(NIHR 2014). This calls into question the PIL's capacity to support meaningful consent when patients are asked to join RCTs (Moore 2002)(Reinert 2014)(Giles 2014) (Knapp 2011)(Saldaña 2015).

PPI groups are generally employed in high-risk or large RCTs to review and comment on PILs from their perspective. Normally this feedback is submitted as comments on the document margin and not stored or further analysed. However, the importance of these comments is recognised by the high recommended hourly payments for PPI participants of £25 (INVOLVE 2018) and the requirement of funding bodies for public involvement before supporting most trials (HRA 2017).

Aim
Our novel Web platform seeks to resolve these problems by giving principal investigators a structured format that enhances the feedback received from Patient and Public Involvement (PPI) groups.

Method
Our PIL platform collects PPI feedback online and link each comment to a specific section of the document. It also highlights readability issues to principal investigators using text analytics. Sentiment analysis on the PPI comments will highlight PIL sections associated with high negativity. Quantitative metrics identify specific phrases that are difficult for the audience to understand, which are then revised by crowdsourcing tasks in Amazon Mechanical Turk. Finally, data collected by the system will generate an algorithm to bring potentially relevant comments from other documents to the author's attention, based on document similarity.

Reconceptualising Patient-Reported Outcome Measures as Active Components of Specialist Musculoskeletal Care for Back Pain

Michelle Holmes

Supervisors: Dr Felicity Bishop (School of Psychology, University of Southampton), Dr Claire Hart (School of Psychology, University of Southampton), Professor David Newell (AECC University College; Primary Care and Population Sciences, University of Southampton), Dr Jonathan Field, (Back2Health; Primary Care and Population Sciences, University of Southampton), Professor George Lewith (†)

ABSTRACT

Background

Patient-reported outcome measures (PROMs) are being increasingly utilised in routine clinical practice. Research indicates that the use of PROMs in clinical practice might influence the process of patient care, patient experience, and outcomes. However, the research base evaluating the use of PROMs is relatively new with an underdeveloped theoretical base for their use.

Aims

The purpose of this project is to examine how the use of PROMs in chiropractic care affects patients with low back pain and through what mechanisms.

Results

A pre-clinical phase consisted of a systematic review examining findings from primary research and a theoretical review exploring the underlying concepts of use of PROMs. A mixed-methods feasibility study explored future study procedures and estimated recruitment within chiropractic practice. The final ongoing phase is a mixed-method exploratory study evaluating the role PROMs play in clinical practice, and analysing patients' and chiropractors' subjective accounts of their experience of using PROMs.

Conclusions

The findings of this project so far highlight a series of processes by which PROMs may influence patient outcomes within the context of treating low back pain. With patients and clinicians using PROMs on a routine basis, this research aims to provide guidance on the development and improvement of PROM collection at an individual level throughout the patients' care.

Attitudes and Preferences of People regarding Long-term Antidepressant Use for Depression: The APPLAUD Study

Rachel Dewar-Haggart

Supervisors: Prof Tony Kendrick, Dr Felicity Bishop, Dr Adam Geraghty, Dr Ingrid Muller

ABSTRACT

Between 2009 and 2013, the number of antidepressant prescriptions rose by 36%, while the prevalence of depression rose by only 3.9%, due to the rise in long-term use. Some patients have no evidence-based indications to continue long-term antidepressants, and could stop treatment. However, many are prepared to continue indefinitely. Patient beliefs, attitudes, and behaviours towards antidepressant treatment may be important in determining their use and subsequent depression management.

The PhD aims to investigate constructs of the Theory of Planned Behaviour and other psychological models of health behaviour in predicting the intentions of individuals with depression to continue or stop their long-term use of antidepressants, and whether these intentions are translated into actual behaviour. It aims to elicit patient beliefs about long-term antidepressant use and long-term depression management in primary care.

An embedded-mixed methods study was carried out. Three hundred and forty-one patients from primary care practices receiving antidepressant treatment for two years or more completed postal and online questionnaires concerning their beliefs about long-term antidepressant use, and their intentions to stop or continue treatment. Notes reviews were conducted for these patients to determine whether patients continued or started to discontinue antidepressant use six months after completing the questionnaire. Qualitative interviews with a purposive sample of patients who completed the questionnaires are being conducted with the aim to further explain the quantitative findings.

The findings will illustrate patients' attitudes and behaviours towards long-term depression management in primary care, and whether these beliefs influence intentions to stop or continue treatment. Findings may identify psychosocial factors that help or hinder the discontinuation of antidepressants and give suggestions around how to encourage greater self-management of the illness.

An exploration of assessor and BM6 students' experiences of OSCEs

Chloe Langford

Supervisors: Sally Curtis, Sarah Rule, Sophie Holmes-Elliott

ABSTRACT

As an assessment tool, OSCEs allow examiners to not only assess a medical student's clinical aptitude, but crucially, their 'poise, likeability and capacity for making good rapport with a patient' (Stokes, 1974). Given the simulated nature of the OSCEs, this requires the students to perform (Miller, 1990) in a way in which they may not be comfortable nor familiar with, due to the typically academic nature of assessments in both secondary and tertiary education in the UK. Medical students who are eligible for a gateway programme are even less likely to have experience relevant to this, as students from more affluent backgrounds may well have engaged with more performance-based extracurricular activities. Anecdotal evidence from students on the gateway programme at UoS indicates that a significant concern for them is their own language use; students feel that their own language isn't 'professional' enough and worry that assessor bias may result in lower attainment.

Within this exploratory study, interviews will be conducted with both gateway students and OSCE examiners to determine their perceptions of OSCEs, with a focus on their understanding of the expected communicative aspects of the assessment, such as vocabulary use, accent adaptation and body language. Thematic analysis will then be conducted to identify key areas for concern, and any areas in which student and assessor views strongly align or differ.

Keywords:

Widening Participation – Medical Education – OSCEs – Communication Skills – Interviews

References:

Miller, G. E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65:S63–S67.

Stokes, J. F. (1974) The Clinical Examination. Medical Education Booklet No. 2. Dundee, Association for the Study of Medical Education.

Change in modifiable maternal characteristics between consecutive pregnancies and offspring adiposity: a systematic review

Elizabeth Taylor

Supervisors: Nisreen Alwan, Keith Godfrey, Ann Berrington

ABSTRACT

Background

Childhood obesity is a serious public health challenge. There is evidence that modifiable maternal exposures during the periconceptional period are linked to offspring adiposity.

Aim

We aimed to systematically identify research which characterises change in modifiable maternal exposures between pregnancies and adiposity in second, or higher order, siblings.

Methods

Published literature was identified using five online databases. Longitudinal studies which included measurements taken on at least two occasions in the period from one year prior to the conception of the first birth to the second birth and where there was a measure of adiposity in the second, or higher order, sibling after the age of 1 year were considered.

Age, ethnicity and genetics were not considered modifiable. The length of the interpregnancy interval was specifically included.

Results

Eleven studies were identified which satisfied the inclusion criteria. These considered maternal weight and smoking status, mode of birth and the length of the interpregnancy interval as exposures. Outcomes included categorical and continuous offspring BMI, weight for height z-scores and body composition measurements. Most studies included only one time-point for the outcome measurement and the age at which these were taken varied from 19 months to 30 years. This heterogeneity meant a meta-analysis was not possible.

Higher interpregnancy weight gain/loss, starting smoking, an increase in the number of cigarettes smoked and longer interpregnancy intervals were found to be positively associated with adiposity in second or higher order siblings. Vaginal birth after caesarean had a protective effect.

Conclusion

Further research is needed to ascertain whether the risk of childhood obesity is fixed based on past exposures or if a change between pregnancies alters the risk for a subsequent child. Identification of these exposures can inform the effectiveness of interventions where a mother is likely to become pregnant again whilst she is still in regular contact with healthcare professionals.

Adverse childhood experiences and improving health and life chances of young adults in the criminal justice system

Inna Walker

Supervisors: Julie Parkes, Nisreen Alwan, Sara Morgan

ABSTRACT

Background

Adverse childhood experiences (ACEs), which include child abuse and maltreatment, as well as household dysfunction, have been termed a chronic public health disaster. ACEs are known to negatively affect a wide range of outcomes in the children, which in turn constitute ACEs for the next generation, leading to intergenerational cycling of childhood adversity and its consequences.

This work is carried out under the umbrella of the Gateway study, which evaluates an out-of-court community-based Gateway intervention programme aimed at improving health and well-being, and reducing recidivism in 18-24 year-old offenders in Southampton.

DM components

1.   A systematic review of the effectiveness of interventions to improve mental health outcomes in children and young adults with a history of adverse childhood experiences

A systematic review of interventional studies with participants younger than 25 years, published in English since 1 January 1990. 16,564 records identified for screening, which is in progress. In addition, 10% titles are being screened by a second reviewer.

2.   Work on the Gateway study

Responsibility for coordinating the University of Southampton Ethics approval of the study and subsequent amendments. Participation in planning and running of the study, which opened on 1 October 2019, in close collaboration with Hampshire Constabulary and York Trial Unit (University of York). Includes progressing participant recruitment from Stage 1, carried out by police officers, to Stage 2, as well as data collection and participant follow-up.

Research plan for when data become available:

•   Investigate associations of ACEs with demographic and offending characteristics in the sample within the Gateway study

•   Investigate associations of ACEs with outcomes in the Gateway study

•   Explore opinions of the participants on the role of ACEs and any related interventions that were received, or that may have been helpful, in the context of their childhood circumstances, family and community dynamics, and cultural influences