

Applications will be considered in the following topic areas:

Identifying opportunities to improve outcomes and care pathways of people in mental health distress who are attended by the Police in Scotland.

Contact: Nadine Dougall (Mental Health theme) n.dougall@napier.ac.uk

Police are often first responders to people in mental health distress (MHD) yet feel ill-equipped to do so. People in distress frequently present out of hours with complex co-morbidities, such as alcohol misuse, self-harm or suicidal intent. Police effectively act as gatekeepers and conduits to mental health assessment and care, yet cite disconnects between police and health systems, slow support responses and collaborative risk planning. Police are sometimes left with no choice but to make criminal charges to enable a place of safety within police custody. This highly resource-intensive outcome criminalises and stigmatises people in MHD, negatively impacts on the interagency interface and misses opportunities to connect vulnerable people to appropriate care pathways. The Scottish Government Mental Health 10year vision and Police Scotland's 2016-2026 strategy clearly articulate an ambition of new multiagency upstream interventions for this group providing timely intervention and partnership working. This studentship will influence police and mental health policy, facilitate more appropriate and efficient collaborative pathways, and reduce morbidity and mortality by: (1) Providing evidence on the disconnect between police and health systems using previously unlinked routine data of both sectors, and establishing outcomes and care pathways for people in MHD who are attended to by police. (2) Identifying opportunities for better information sharing, care planning and person-centred upstream collaborative police / health service interventions. This proposal is anticipated to benefit from a mixed method approach, including a substantial quantitative study using police and health data (Aim 1) and a qualitative element (Aim 2).

Social isolation in old age.

Contact: Angela Kydd (Long Term Conditions theme) a.kydd@napier.ac.uk

Older people are more likely to experience significant events such as bereavement, loss of independence or disability. These factors can result in isolation, loneliness and psychological distress in older people. Old age has been referred to as the 'Age of Loneliness' (Monbiot, 2014) and loneliness is a growing public health issue in the older population. A study for Age UK in 2014 found that more than one million older people over the age of 75 years in United Kingdom (UK) admit to feeling 'often' or 'always' lonely (Davidson and Rossall, 2014). A further Age UK study (Philp, 2014) found that the three main concerns of older people, over the age of 60 years were memory loss, bodily pain and loneliness. Loneliness is not a medical issue – it is a societal issue. It can be temporary, recurrent or persistent (Victor, 2012). Yet the subjective feeling of loneliness increases the risk of death by 26% (Worland, 2015). The aim of the proposed studentship would be to develop an empowering, effective, accessible and sustainable community-based intervention to promote healthy ageing and alleviate loneliness. The successful proposal would seek to actively involve older people and follow a person centred approach, with participants being involved in the design of the intervention and its evaluation.

Measuring women's satisfaction with their birth experience between differing modes of labour and delivery using the Birth Satisfaction Scale-Revised (BSS-R).

Contact: Caroline Hollins-Martin (Women and Children's Health and Well Being)
C.HollinsMartin@napier.ac.uk

Measuring women's experiences of childbirth is important because it can impact upon mother and infant attachment, ability to breastfeed and mental health. Every woman constructs expectations of childbirth with variation in appreciating the concept. Literature supports that birth satisfaction includes having one's comfort considered, being listened too, receiving the type of pain relief requested, coping well during labour, feeling in control, being well-prepared, receiving minimal obstetric injuries, achieving the desired style of delivery. Within the confines of safety, birth satisfaction is about attempting to provide women with what they want during labour. Currently there are many qualitative studies that outline subjective experiences of childbirth, with a gap in the literature in relation to actual measured differences in birth satisfaction between differing modes of labour (e.g., epidural, pain relief, ambulation etc.) and delivery (e.g., caesarean section, forceps, spontaneous vertex delivery, water birth, home birth etc.). The aims of the proposed studentship are: (1) To measure women's experiences of childbirth using the 10-item-Birth-Satisfaction-Scale-Revised (10-item-BSS-R) (Hollins Martin & Martin, 2014) in relation to differing modes of labour and delivery. The BSS-R is a psychometrically valid and reliable 10-item multi-dimensional self-report measure, which has been adopted by the International Consortium of Health Outcome Measurement (ICHOM) as the key measure to comprehensively assess birth satisfaction in the Standard Set for Pregnancy and Childbirth (ICHOM, 2016); (2) To conduct a qualitative exploration to gain deeper understanding of reasons behind scores on the BSS-R. Successful proposals should therefore incorporate a mixed methods approach (e.g., survey, qualitative interviews etc.).

Families' mental health wellbeing after critical illness experience.

Contact: Claire Kydonaki (Innovations in Practice theme) C.Kydonaki@napier.ac.uk

Family members of adult critically ill patients act as caregivers and surrogate decision-makers during and after the intensive care (ICU) course. Exposure to a critical care experience increases the risk of mental health symptoms (anxiety, depression, and post-traumatic stress disorder (PTSD)), with an estimated prevalence between 30-60%. These symptoms have been described as post-intensive care syndrome-family (PICS-F) with studies estimating its burden up to a year post-ICU discharge. Within the person-centred care model in Scotland, there is a recognised need to explore the magnitude of PICS-F and identify the support needs of FM in order to recognise those at risk and to direct specific interventions to improve their mental wellbeing. As part of our research programme of family members and patient wellbeing following critical illness experience, this project will increase our understanding of the severity of family members care burden and the lack of support provided within the currently fragmented NHS service. The aims of the proposed studentship are therefore (1) To explore the nature and extent of PICS-F in family members of critically ill patients post-ICU discharge, including their coping mechanisms, support needs and preferences for support; (2) To identify and develop supportive mechanisms within the existing NHS systems and resources to improve FM experience and mental wellbeing. It is anticipated that successful proposals will incorporate a prospective longitudinal cohort study design, incorporating a mixed methods approach. The successful applicant will have the opportunity to develop skills in mixed methods design and acquire expertise in innovative intervention design methodology.

Attitudes, acceptability and constructions of the HPV (Human Papillomavirus) vaccine amongst males in Scotland: A mixed-methods study.

Contact: Carol Gray Brunton (Population & Public Health theme)
C.GrayBrunton@napier.ac.uk

The HPV (Human Papillomavirus) vaccine was introduced internationally to protect against common strands of HPV, responsible for cervical cancer. Sexually transmitted HPV is also associated with increasing rates of genital warts, a subset of head and neck cancers and anal cancer. Men-who-have-sex-with-men (MSM) will be offered the HPV vaccine in sexual health clinics alongside the national school-based campaign targeting schoolgirls in Scotland from 2017. Heterosexual boys/young men, however, remain excluded from the vaccination programme. This PhD will explore the consequences of rationing the vaccine according to gender and sexual identity. Specifically, it will build on a programme of research which aims to critically examine personal and socio-cultural aspects of the HPV vaccine beyond the logics and limits of public health policy. The aim of the proposed studentship will be to examine the impact of the HPV vaccination programme in Scotland on schoolboys/young men's attitudes, acceptability and constructions of the HPV vaccine programme in order to inform public health policy and practice. Successful proposals will incorporate a mixed methods research design, using survey methods to examine schoolboys, parents and young men's understandings of HPV and the vaccine and qualitative methods to generate in-depth data around constructions of masculinity and sexuality and sexual health practices. Specific topics to be covered may include their understanding of HPV-related risks, diseases and the HPV vaccine; acceptability of current and future HPV vaccine provision in Scotland; their views on trustworthy sources of vaccination information; constructions of masculinity and sexual identity among boys/young men in relation to the HPV vaccine and unintended consequences of vaccine rationing in relation to sexual health.

Do nurses perceive accurately the needs of their patients with cancer?

Contact: Karen Campbell (Cancer Collaborative theme) K.Campbell@napier.ac.uk

There is no data on the clinical interpretation of needs assessment among people with cancer. When a score represents a problem, either in absolute terms or changes in an individual patient's score over time, is not known. The aim of the proposed studentship is to examine this question further and also to examine whether the use of these assessment tools by nurses does indeed improve their ability to deliver person centred, effective care.

Other potential topic areas

We will also consider any applications in research areas that complement the activities of our themes including: cardiovascular disease prevention & management; critical illness care; psychological approaches to trauma; psychological approaches to psychosis; midwifery & neonatology; mental & physical health in dermatology; intellectual disability & vulnerable groups; data linkage & health informatics; health & social care integration; telehealth & ehealth; alcohol & drug misuse; health education & pedagogy; health leadership & management.