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South West Yorkshire NHS
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With all of us in mind

Mental Health and Learning Disabilities
Research and Practice

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Mental Health and Learning Disabilities Research and Practice

Types of manuscript

Articles, Short Papers, or Reviews, are welcomed from practitioners, managers, researchers, and academics, working or involved in any aspect of mental health and learning disabilities, and service users or service user groups. All articles and papers are peer reviewed by at least 2 referees.
Articles - Articles will be reports of mental health and learning disability research, reports of service evaluation, practice development, or audit and should be between 3,000 and 5,000 words.
Short papers and reviews - Short papers of up to 3,000 words are welcomed on issues of practice or research.
Educational and Service Developments - The 'Developments' section of the journal will provide evaluation, review or critical appraisal of a recent development in policy, practice, education and research in mental health and learning disability.

Submission of manuscripts

Contributors are asked to submit 3 copies of their paper or one copy by e-mail attachment, together with a separate sheet providing brief biographical details and details of their full postal and email address, telephone and fax numbers. Manuscripts should be submitted using A4 size paper, in double line spacing with wide margins.
Authors should submit 3 copies of their manuscript, including any tables or illustrations, to The Editor or by e mail to: a.holmes@hud.ac.uk. Authors are advised to retain a copy of their paper.

Presentation of manuscripts
Articles

Articles should be between 3,000 and 5,000 words.
Abstract - an abstract of the paper, of up to 200 words, should accompany the article together with up to 6 key words suitable for indexing, abstracting, and on-line search purposes. The abstract should provide a concise summary of the whole paper.
Author details - a brief biographical note about the author should be submitted on a separate sheet. Details should include the author's full postal and email addresses, telephone and fax numbers.
Abbreviations – all abbreviations should be preceded on the first occasion they appear, by the full name. Full stops should be used after abbreviations such as e.g., i.e., etc., and where the end of a word is cut as in p. (page), or ed., but are not necessary in acronyms such as HMSO, HMIP, UK.
Notes should be kept to a minimum and placed at the end of the article before the references. Footnotes should not be included.
Quotations – use single quotation marks for material quoted in the text. Double quotation marks can be used for quotes within quotes. Long quotations (40 words or more) should be displayed indented. Shorter quotes may be retained within the text.
Tables, figures, and diagrams should be kept to a minimum and, where included, should be submitted on separate sheets attached to the article with a short title. In the text the position of a table, figure, or diagram should be shown by typing on a separate line 'take in Table 1(Figure 1/Diagram 1)'. Tables, figures, and diagrams should be in black and white, clear and well drawn.
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References – references should appear at the end of the article. The Harvard reference system is preferred in this journal. Within the text, the name of the author and date of publication should be cited (e.g. Smith 2001), and, following quoted material, the page reference (e.g. Smith 2001, p. 90). A full alphabetically ordered list of references (headed References) should appear at the end of the article after any notes. The reference list must include every work cited in the text with dates, spellings and titles being consistent. Two or more works by an author in the same year should be distinguished by using 2000a, 2000b, etc. Where there is more than one author of a text or article, each author's name should be spelt out in full in the reference list. It is not permissible to use et al. The date of publication cited must be the date of the source that is being referred to.

References in the Reference list should conform to the following style:
Robson, C. 1997. Real World Research. Oxford, Blackwell Publishers Ltd.
Phillips, C., Palfrey, C., & Thomas, P. 1994. Evaluating Health and Social Care. London, Macmillan Press Ltd
Minto, C., & Morrow, M. 2000. Clinical supervision for nurses in a learning disability forensic service. In Mercer, D., Mason, T., McKeown, M., & McCann, G. Forensic Mental Health Care. London, Churchill Livingstone.
Faulkner, A., & Thomas, P. 2002. User-led research and evidence based medicine. British Journal of Psychiatry 180: 1 – 3.

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- It is expected that language used in articles will be non-sexist, non-racist, and non-discriminatory. • Single spaces should be used after full stops, commas, colons and semicolons, quotation marks etc. • Dates should be written in the form 1 January 2004.

Short papers and reviews

Short papers should be up to 3,000 words. Authors should follow the same guidelines as for the submission of longer articles.

Educational and service developments

Contributions should not normally exceed 1000 words. Authors should follow the guidance for submission of articles in their use of references and abbreviations. Generally, authors should try and avoid the inclusion of tables, figures and notes.

Points of View

The Points of View section is an opportunity for people to present a personal perspective of relevant issues and experiences. This does not need the academic rigour of a mainstream article, but should be supported by some good evidence. Contributions should include at least two perspectives to provide a balanced view of the issue and contributions from service users and carers are encouraged.

Publication

Once accepted for publication authors will be asked to submit electronic versions of their articles or short papers. Authors will be asked to send an electronic copy of the final version of their article by e-mail attachment or on disk (3.5" version in Word). Authors should ensure that the final hard copy of their typescript is an exact version of what is on disk.
Authors will be sent proofs of their article for checking and are expected to correct any typesetting errors quickly. These should be marked in red on the proof and returned to the editor within 3 days. Authors are asked not to make any alterations to the original text unless absolutely essential. Authors will receive a complimentary copy of the journal and off prints of their article.

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Editorial

Collaboration is the key to success in many aspects of health and social care delivery. It is also a characteristic of good research. This journal has developed from partnership working between South West Yorkshire Mental Health NHS Trust and the University of Huddersfield. Another local collaborator is the Centre for Health and Social Care Research (CHSCR) based in the School of Human & Health Sciences at the University of Huddersfield. As background for those readers unfamiliar with CHSCR; it was established in 2003 as a focus for research activity across local organisations and disciplines in West Yorkshire. It brought together a number of thriving research collaborations such as the Ageing and Mental Health Research Group and the Mental Health Research Group. Members of those groups have been involved in founding this journal and published papers in earlier editions. The emphasis of the CHSCR, irrespective of discipline, is on the generation of better understandings of health and social care and, importantly, the added value that those insights bring to the delivery of effective care. The CHSCR brought together the interests of University staff with research minded clinicians from across the broad constituency of health and social care. The first Centre Director was Professor Sue White who moved to the University of Lancaster in 2007. Now after nearly a year in post, this editorial offers an opportunity to offer a personal reflection on the importance of effective collaboration as a way of working for the Centre in the future.

First impressions of the CHSCR to someone looking in at the website (http://www2.hud.ac.uk/hhs/chscr/index.php) would be of a virtual organisation with a wide assortment of interests and limited common ground. Further investigation offers glimmers of what are common threads, clinical effectiveness, service delivery and organisation, risk and safety and education. Over the next few months these will become clearer as colleagues work together in different collaborations to weave new synergies. However there has been considerable activity over the last year. Not least, a number of full and part time postgraduate students have commenced their doctoral journey undertaking projects looking at topics many of which will be of interest to this journal in the future. The supervisory teams supporting these students have brought together colleagues from different disciplines across our rich research community and hopefully readers will also see the fruits of their work in future editions and importantly the benefits interdisciplinary insights bring.

Effective research collaborations in my view produce better outcomes. This was brought home to me most recently when, with colleagues, I was

involved in developing and submitting what subsequently became a successful bid to evaluate older peoples' mental health services in a primary care trust in the North West of England. The original submission was enhanced by a timely critical review by service users and expert clinicians prior to its submission. That review was only possible because of the excellent relationships, trust, structures and goodwill that already existed. The lesson learnt from that experience is that effective collaborations are characterised by partners who can listen and learn from each other. In research that works to strengthen the endeavour. If researchers do not have the will to listen to clinicians and service users their research is inevitably impoverished. Similarly researchers have much to offer clinicians in order that new ways of working are robustly investigated. Working with service users brings to the forefront those erroneous assumptions about shared research priorities.

Trust is an important component of collaboration. Trust in social institutions is required if they are to function. If we no longer trust an organisation we withdraw our support as was seen when deposit holders withdrew their savings from Northern Rock. You may be asking what has this to do with research. Trusting in another party requires a relationship and involves reliance. Trust entails investment in the honesty and competence of the other party or parties. In research trust is manifest in many ways. The reader of research has to be confident that the study was undertaken reliably and validly; the participant wants to be assured that their contribution is managed ethically and they will not be harmed by their involvement; the funder wants to be confident that the researcher can deliver the project, and the researcher wants guarantees that the collaborations forged will support their endeavours. Hence, trust promotes a sense of community and making it easier for people to work together. What better basis for underscoring effective research collaborations and providing direction for the CHSCR?

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