Evaluating the impact of the Bootcamp Initiative in an Early Intervention in Psychosis (EIP) Service

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Introduction

Literature review

Relationship Between Physical Health & Mental health

Historically, physical and mental health have been treated as separate entities in health care services. However, evidence strongly suggests that physical and mental health are closely interconnected (Naylor et al., 2012). Approximately, 46% of people with mental health problems and 30% of those with a long-term physical health condition have comorbid mental and physical health conditions (Cimpean & Drake 2011; Naylor et al., 2012). Poorer mental health has been associated with an increased risk of serious physical health conditions, such as cardiovascular disease and cancer, and higher levels of obesity (Batty et al., 2017; Musselman et al., 1998; Luppino et al., 2010), whereas people with long-term conditions are two to three times more likely to experience depression (Naylor et al., 2012). Mental health conditions can also exacerbate physical health conditions, resulting in poorer health outcomes, reduced quality of life and significant increases NHS spending on long-term conditions (Naylor et al., 2012). Conversely, regular exercise has been found to improve mood, general well-being, self-esteem and cognitive functioning, reduce anxiety, depression and stress, and alleviate symptoms such as social withdrawal (Callaghan, 2004; Mikkelesen, et al., 2017; Warburton et al., 2007). Furthermore, psychological well-being is protective against physical health conditions and is associated with restorative health behaviours and healthier biological functioning (Boehm & Kubzansky, 2012).

Whilst there is strong evidence supporting the bi-directional relationship between physical and mental health, the relationship is not well understood. Researchers believe they influence each other through various complex mechanisms, including a combination of biological, psychosocial, environmental and behavioural factors, illustrated in figure 1 (Prince et al., 2007; Naylor et al., 2016). Moreover, studies have found direct and indirect effects between physical and mental health, which are mediated by lifestyle choice factors, such as smoking, physical activity, and social interactions (Ohrnberger et al., 2017).

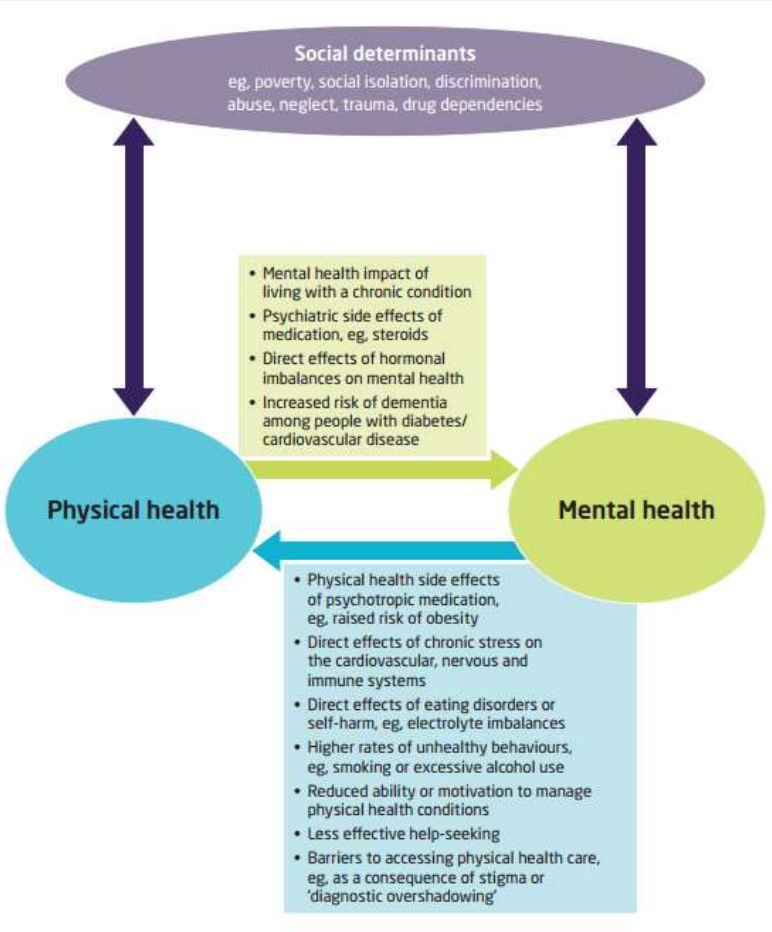


Figure 1. Mechanisms through which physical and mental health interact (Naylor et al., 2016)

Despite the complexity of the relationship, evidence clearly demonstrates that physical and mental health are inextricably linked and well-being in one is crucial for well-being in the other. Consequently, it has been argued that physical health and wellbeing are fundamental to mental health recovery, leading to a push for more integration of physical health care in mental health services (Naylor et al., 2016).

Physical Health Needs of Service Users with Psychosis

Research demonstrates that individuals with serious mental illnesses, such as psychosis, have poorer health outcomes in comparison to the general population (WHO, 2018). People

with psychosis have a significantly lower level of general health, are at higher risk of developing a physical health condition, are more likely to have undiagnosed health conditions and have a higher early mortality rate, with a 10-20 year reduction in life expectancy (Liu et al., 2017; WHO, 2018) The majority of deaths in people with psychosis are attributable to avoidable and treatable conditions associated with modifiable lifestyle factors (Callaghan et al., 2014; Liu et al., 2017). Furthermore, poorer physical well-being in psychosis has been associated with poorer mental health outcomes, including more severe cognitive and negative symptoms (Vancampfort et al., 2012).

A more sedentary lifestyle, rapid excessive weight gain associated with antipsychotics, increased risk of smoking and substance misuse, poor diet, and barriers to physical activity, such as symptoms, pain and medication side effects, have all been associated with increased risk of poor physical and mental health in psychosis (Jakobsen et al., 2018; McCreadie, 2002; Soundy et al., 2014; Stubbs et al., 2016; Vancampfort et al., 2011). Furthermore, physical health is often overlooked in mental health services. Psychiatric diagnostic overshadowing frequently leads to an under recognition of physical health conditions (Shefer et al., 2014). Additionally, service users are significantly less likely to receive the recommended or appropriate physical health care, or be offered support around their lifestyle, such as diet advice or smoking cessation (Cooper et al., 2016; Mental Health Task Force, 2016; Royal College of Psychiatrists, 2014). Therefore, it is evident that people with psychosis have significant physical health needs that are not being effectively addressed by services. Consequently, this may be negatively impacting on physical health outcomes and mental health recovery.

Exercise Intervention Programmes in Psychosis Services

It is evident from the literature that psychosis services need to do more to meet the physical health needs of service users. Research has indicated that exercise intervention programmes are not only feasible and engaging, but could improve physical, psychological and social outcomes (Firth et al., 2015; Firth et al., 2018). Reduced weight gain; improved cardiorespiratory fitness; reduction of psychotic symptoms; reduction of stigma; a sense of

achievement and belonging; enhanced confidence; and positive social interactions, are some of the benefits associated with exercise interventions for individuals with psychosis (Carless & Douglas, 2008, 2016; Curtis et al., 2016; Ellis et al., 2007; Firth et al., 2016; Soundy et al., 2015; Vancampfort et al., 2017). However, it should be noted that methodological limitations, such as small sample sizes, low adherence to exercise protocols and lack of long-term follow-up, means definite conclusions from the studies above are difficult to ascertain (Cooney et al., 2013).

Implementing physical activity interventions in the early stages of psychosis may be more effective in improving outcomes, as prevention is more feasible than reversing long-term consequences and patients are more likely to engage with physical activity at this time (Walther et al., 2014; Alvarez-Jimenez et al., 2008). Furthermore, qualitative studies have also found that exercise interventions are viewed as appealing and complementary to early intervention in psychosis by service users (Larsen et al., 2019). Consequently, the National Institute for Health and Care Excellence guidelines (NICE, 2014) recommend that physical activity programmes are offered in conjunction with other treatments for people with psychosis.

Service Context

Bradford and Airedale Early Intervention in Psychosis (EIP) service

The Bradford and Airedale EIP service is a multidisciplinary community mental health service that provides bio-psycho-social treatment to people who are experiencing or at high risk of developing psychosis. The service typically supports individuals for three years as the first three to five years are critical for recovery following a first episode in psychosis (Birchwood et al., 1988).

NICE guidelines (2014) recommend a range of treatments for individuals with psychosis, including: Cognitive Behavioural Therapy for psychosis; physical health assessments; family interventions; wellbeing support (healthy eating, physical activity and smoking

cessation); clozapine; carer focused education and support; and education and employment support. To be concordant with these guidelines, the EIP service should be able to offer and deliver these treatments. Furthermore, NICE EIP quality standards require all early intervention services to offer comprehensive annual physical health assessment, particularly for those commencing antipsychotic medication, and to provide physical health interventions that involve a combination healthy eating and physical activity programmes (NICE, 2016). In line with this guidance, the Airedale, Wharfedale and Craven cluster of the EIP service has developed the bootcamp initiative.

The Bootcamp Initiative

The bootcamp initiative is an individualised gym and online based training programme developed by Natalie Irving (Care Co-ordinator Airedale, Wharfdale & Craven EIP Cluster) in 2018 in collaboration with a local personal trainer. The aim of the intervention is to motivate individuals to improve their levels of fitness and diet. The programme takes into consideration the impact of different medications on metabolism and any physical health issues to ensure that it is tailored to those taking part. In contrast to previous physical health interventions, the ethos of the bootcamp is that service users and EIP workers both take part in bootcamp sessions, working alongside each other in order to address issues such as power imbalance and create an environment based on equality.

Bootcamp sessions are held twice a week for approximately one hour. These sessions are open to service users who are well enough to attend and all AWC EIP staff. Although the bootcamp was initially only gym-based, the recent Covid-19 pandemic led to the bootcamp being moved online to ensure that the programme could continue to run. Sessions have been conducted over Microsoft Teams since April 2020.

Despite running since October 2018, the initiative has yet to be evaluated. Consequently, this SEP was commissioned by Dr Anita Brewin, Consultant Clinical Psychologist and clinical lead for the EIP and Community Mental Health Psychological Therapies (CMHpS)

services in Bradford and District Care NHS Trust (BDCT), with the view to evaluate the experiences and impact of the bootcamp programme on those who take part.

Aims

The aim of this SEP was to explore the experiences of staff and service users involved in the bootcamp and evaluate the impact of taking part, including physical and psychological health gains and levels of satisfaction.

Method

Design

A mixed method design was initially selected to evaluate the bootcamp, including routinely collected quantitative measures from service users and qualitative data from staff and service users. This method was chosen as the integration of quantitative and qualitative methods provides richer and more comprehensive data, allowing researchers to gain a more thorough understanding of research problems and complex phenomena than either quantitative or qualitative methods alone (Creswell & Plano Clark, 2017; Wisdom & Creswell, 2013). Importantly, mixed methods capture the voices of participants (Jogulu & Pansir, 2011), preventing an over-reliance on statistics and ensuring that the study is grounded in participants' experiences (Wisdom & Creswell, 2013). Additionally, using mixed methods allows for data triangulation and complementarity, meaning findings can be confirmed, elaborated on or clarified, and contradictions within the data understood, which would strengthen this study's findings and their validity (Greene, Caracelli & Graham, 1989; Wisdom & Creswell, 2013).

Whilst a mixed method design was initially selected, the quality of the routinely collected quantitative data received by the researcher from the EIP service was poor (see 'Discussion' for further details). It was not possible to collect new quantitative physical health data from service users due to the time-constraints of this assignment and Covid-19 restrictions in place at the service limiting face-to-face contact. Following a discussion with the research team, a decision was made to omit the quantitative data from the project. For

further details regarding the proposed quantitative methods, see Appendix A. Consequently, this report will only focus on the project's qualitative methodology and results. Qualitative methods were chosen to provide a more in-depth and detail understanding of the participants' personal views and experiences of the bootcamp which would not be captured by quantitative methods. Furthermore, the qualitative data had already been collected and analysed when the decision was made to omit the quantitative data.

The project's qualitative design involved using an online focus group with staff and one-to-one telephone interviews with service users to collect data regarding experiences, benefits and disadvantages of participating in the bootcamp. Both the focus group and interviews used a semi-structured approach in which the researcher flexibly followed a topic guide or interview schedule developed in collaboration with their field supervisor (see Appendix B & C, for Topic Guide and Interview Schedule, respectively). Joint focus groups between staff and service users were considered as an alternative method, as this would have reflected the systemic nature of the intervention and elicited valuable discussions between both groups (Tracy, 2019). However, this approach was not feasible due to Covid-19 pandemic restriction and the practicalities of facilitating this remotely.

Sample & Recruitment

All service users (n=12) and EIP staff (n=10) who had participated in the bootcamp initiative at least once since its implementation were invited to take part. Service users were sent a copy of the Service User Participant Information Sheet (See Appendix D) and an invitation letter (see Appendix E) by the EIP admin team. The EIP staff received an email with an electronic copy of the Staff Participant Information Sheet (see Appendix F) from the field supervisor (IZ). Potential participants who had not replied within two weeks of receiving an information sheet were followed up by the Field Supervisor or another member of the research team (NI). Four service users and six staff members took part in the project (see Table 1).

Table 1. Participant Information

	Staff	Service Users
Gender		
Male	2	4
Female	4	0
Age		
25-34	1	1
35-44	1	2
45-54	4	0
55-64	0	1
Ethnicity		
White British	6	3
Asian British	0	1
Attendance		
Weekly	3	3
Twice Weekly	3	1

Data Collection

All data was collected between August-September 2020. Staff were invited to an online focus group conducted via Microsoft Teams. A consent form (see Appendix G) and background information questionnaire (see Appendix H) was emailed to staff to be completed prior to the group. Consent was re-established verbally at the start of the group. The focus group lasted approximately one hour. A separate phone interview was arranged with a staff member who was unable to attend the group. Service users were contacted via telephone to verbally discuss the research and arrange a telephone interview. Verbal informed consent was established (see Appendix I), and a background information questionnaire (see Appendix J) was completed with each service user at the start of their interview. The interviews lasted approximately 30-40 minutes. Both the focus group and interviews were audio-recorded using Microsoft OneNote.

Data Analysis

The audio-recordings were transcribed verbatim. The transcripts were then analysed using thematic analysis (Braun & Clarke, 2006) to elicit themes from the data regarding experiences and impact of attending the bootcamp. Thematic analysis is a common qualitative analytic method used to organise and describe data in rich detail through a process of identifying, analysing and reporting themes within data (Braun & Clarke, 2006). The analysis was conducted in concordance with the six stages outlined by Braun and Clarke (2006) (see Table 2). The analysis used a bottom-up, inductive approach, deriving themes from the content of the data rather being driven by a theoretical framework.

Table 2. Stages of Thematic Analysis taken from (Braun & Clarke, 2006)

Stages	Description of Stages
1. Familiarising yourself with the data	Transcribing data, reading and re-reading transcripts to become immersed in the data, noting down initial codes.
2. Generating initial codes	Development of preliminary codes that identify important features and organisation of data.
3. Searching for themes	Combing organised codes into broader, overarching themes.
4. Reviewing themes	Reviewing and refining identified themes in relation to the coded extracts and the entire data set.
5. Defining and naming themes	On-going analysis to explicitly name, define and refine themes.
6. Producing the report	Selecting compelling and appropriate extracts to illustrate themes in write up.

Additional credibility checks were conducted to improve the quality of the analysis in accordance with good practice guidelines proposed by Elliott et al., (1999). External

validation was sought out through sharing the anonymised quotes and the themes elicited from them with another clinical psychologist in training. The clinical psychologist in training reviewed the data and then met with the researcher to collaboratively discuss the analysis and themes generated to ensure the themes were mutually agreed upon.

Reflexivity

Reflection on personal stance and awareness of any potential biases during analysis is crucial in qualitative research (Tracy, 2019). I chose this SEP as I am personally interested in the topic. Whilst I have never worked in EIP services, I have completed a Problem Based Learning assignment on the psychological benefits of exercise and exercise has an important role in on my own well-being. Consequently, I was aware of the potential positive impact that exercise interventions may have had on those taking part, increasing the risk of confirmation bias. Furthermore, discussions throughout the evaluation with the organisers of bootcamp regarding informal feedback they had received inevitability shaped my understanding of participants' experiences. However, I made efforts to counter this confirmation bias by ensuring that I did not guide the focus group or interviews too much and responded flexibly to participants' reflection, allowing them space to explore their experiences.

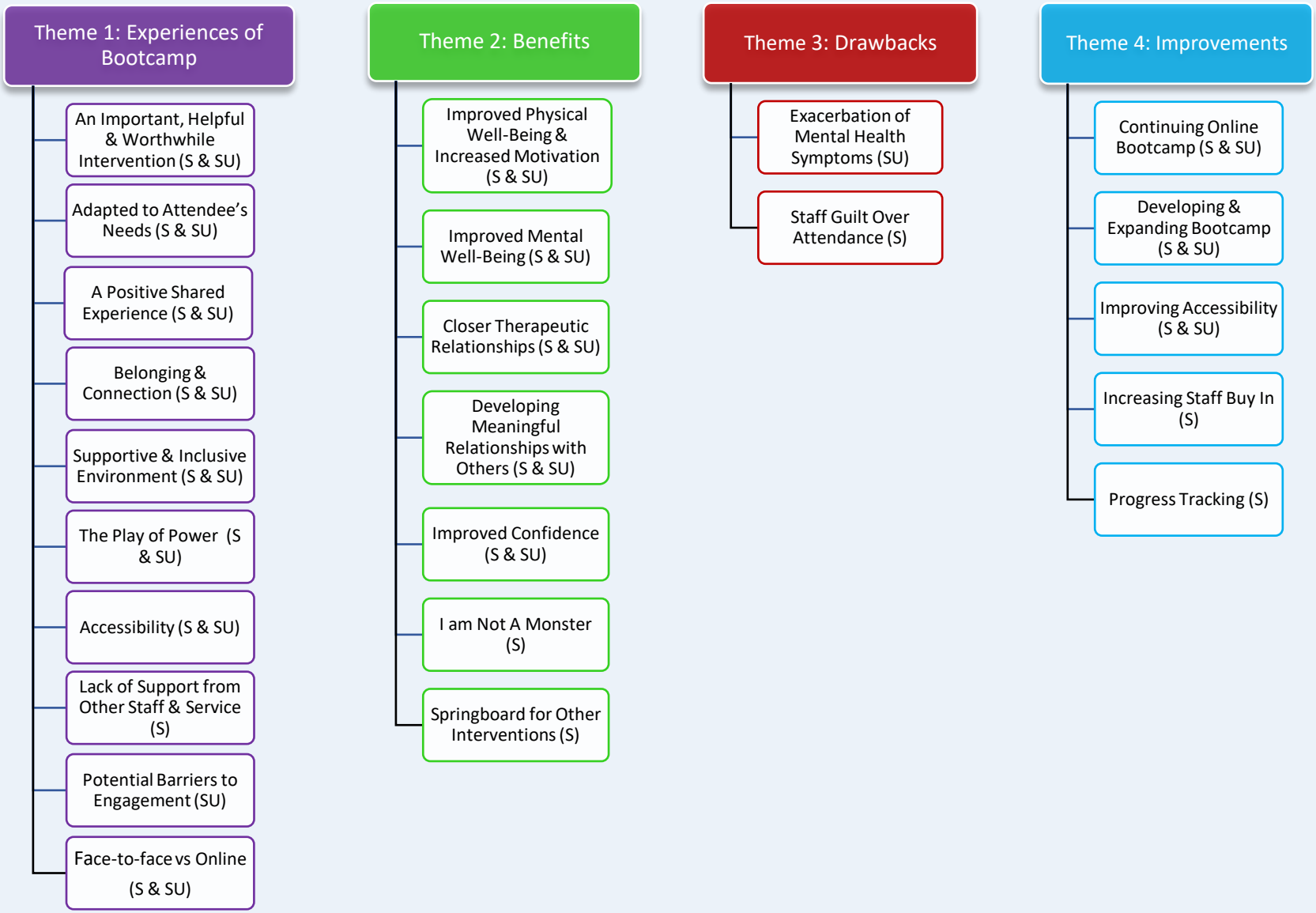
Ethical Considerations

Ethical approval for this project was sought from and granted by the University of Leeds School of Medicine Research and Ethics Committee on 3rd July 2020 (reference DClinREC19-13). Approval was also granted by the Service Manager of Community Mental Health Services and the BDCT R&D Department. All data was anonymised from the point of transcription, with any identifiable information being removed or changed from the focus groups and interviews. All participants were assigned a participant number to protect their anonymity. No identifiable information has been included in this report.

Results

Four main themes describing staff and service users' experiences and the impact of the bootcamp were identified in the data using thematic analysis (see Figure 2). A brief summary of the main themes and their subthemes are outlined below and are illustrated by anonymised quotes Further supporting quotations can be found in Appendix K.

Figure 2. Thematic Map of data. Staff (S) and service users (SU) contributions to a subtheme are indicated in brackets.



Theme 1: Experiences of Bootcamp

This theme describes staff and service users' experiences of the bootcamp, both positive and negative. Ten subthemes were identified.

An Important, Helpful and Worthwhile Intervention

Both staff and service users viewed bootcamp as an overwhelmingly positive, complementary intervention which they have enjoyed, found helpful and feel should continue.

"It's definitely been the most positive activity they have helped me with" (Service User 2)

Adapted to Attendee's Needs

Staff and service users felt that the intervention was tailored to group and individual physical needs, helping attendees to engage and making the intervention more effective.

"I think there is all of that to navigate around, things like the medication side effects and how to exercise safely on medication as well. Which the PT again is really, really good at." (Staff Member 4)

A Positive Shared Experience

Staff and service users reported that staff involvement was inspiring and motivating. It created a more natural environment and a positive shared experience, supporting therapeutic relationships between staff and service users. It also provided additional opportunities for service users to access support.

"It's nice to see your key workers joining in as well, going through the same activities and trials and tribulations." (Service User 1)

Belonging & Connection

Bootcamp helped staff and service users to feel part of a community. This was more pronounced for service user who felt they had developed a strong sense of belonging

through regular contact and connection with people who had similar needs and experiences to themselves.

"…we have all been in the same boat with the same stuff. We all had voices or some sort of illness." (Service User 3)

Supportive & Inclusive Environment

Staff and service users report that bootcamp created an environment in which all people are supported and included. Attendees are encouraged, rather than pressurised to take part, which helped both staff and service users to continue attending.

"And it's, you know, for all different levels and difficulties really." (Service User 4)

"There is no pressure to have to be on a certain level" (Staff Member 4)

The Play of Power

Both staff and service users felt that power imbalances were reduced between them as a result of going through shared bootcamp experiences in which attendees were treated equally and services users were empowered. However, staff remained mindful of the potential power imbalances inherent to their role and how these are addressed, as well as the importance of carefully negotiating boundaries.

"Yeah, it's not like them and you. It's more like us." (Service User 1)

Accessibility

Views on the accessibility of bootcamp appeared to vary greatly between all participants. Whilst some staff and service users reported difficulties in accessing the intervention, particularly in relation to timing and travel; others spoke about the support provided to. service users by staff in accessing bootcamp, for example support to access transport.

"*I think getting people to Keighley was, at times, a challenge, especially when you had the road works going on." (Staff Member 6)*

Lack of Support from Other Staff & Service

Staff felt that their attendance at the bootcamp was not supported or accommodated for by colleagues or the wider service. Attendance was often met with disapproval, lack of understanding or judgement.

"I don't know it feels like politically it's not correct to go somehow. Not as strong as that but it's that sort of flavour." (Staff Member 5)

Potential Barriers to Engagement

Service users spoke about a range of mental, physical and social barriers that potentially interfere with attending and/or engaging fully in the bootcamp, including mental health symptoms, physical limitations and stressful life events.

"My voices kept coming up, talking to me and that. Telling me that I'm an idiot for doing this, that I shouldn't be doing this plan." (Service User 3)

Face-to-Face vs. Online

Although staff and service users identified important differences between the face-to-face and online bootcamp, such as ease of access/engagement, availability of equipment and sociability, there was no consensus on overall preference.

"…there has been some technical issues…I did just walk out of one session because I couldn't hear the voice of the instructor. So I just turned it off." (Service User 2)

"…it was just really nice to do it at home. You don't feel as self-conscious…" (Staff Participant 3)

Theme 2: Benefits

This theme encapsulates the benefits of attending bootcamp. Seven subthemes were identified.

Improved Physical Well-Being and Motivation

Staff and service users' levels of fitness and physical activity have greatly improved as a result of bootcamp, including weight loss, improved physical health conditions, increased energy levels and the inclusion of exercise in everyday routine. Bootcamp has also increased their motivation to continue looking after their physical health through diet and exercise.

"I'm not panting as much if I'm walking." (Service User 1)

"And I'm a lot fitter now. It's great." (Staff Member 2)

Improved Mental Well-Being

Bootcamp led to improvements in staff and service users' mental well-being by improving mood, helping release difficult emotions, reducing work-related stress and providing positive alternative coping strategies.

"I'm definitely happier. I can have a laugh and a giggle with people." (Service User 1)

Closer Therapeutic Relationships

The shared experience of bootcamp and reduction in power imbalances has allowed both staff and service users to develop closer, meaningful therapeutic relationships, helping service users to open up and supporting clinical work.

"It brought me close to them. I could speak about anything to them and that. Regarding my medication, my problems, things that you need help with." (Service User 3)

Developing Meaningful Relationships with Others

Both staff and service users spoke about how bootcamp has helped service users develop meaningful relationships with other service users and family members by connecting through exercise.

"...most of my friends are on it." (Service User 3)

Improved Confidence

Both staff and service users reported that bootcamp had increased confidence levels amongst service users as a result of feeling better about themselves physically and by having the opportunity to take on leadership roles in safe and supportive environments.

"But yeah it was good to see them progress and then once that happened, once they started looking different and seeing changes, their confidence went up." (Staff Member 6)

I am Not a Monster

Staff spoke about how bootcamp has allowed service users to positively challenge stigma and negative stereotypes they hold about psychosis in a non-clinical environment.

"...when I took them [Service User] to the first bootcamp they had said I'm not really sure I want to go because, you know, we're monsters aren't we with psychosis and I feel like a monster and I'm frightened of meeting other monsters. And then after the session she had a huge smile on her face and said everybody is normal. And I said as you are." (Staff Member 1)

Springboard for Other Interventions

Staff reported that positive experiences in bootcamp has encouraged service users to engage meaningfully in other service interventions, in addition to facilitating the development of service user-led secondary interventions, for example healthy eating activities.

"...it encouraged them to use that as a platform for attending other groups. So as a unit almost they were meeting in groups like Recovery Groups and engaging there in a way that they hadn't done before." (Staff Member 1)

Theme 3: Drawbacks

This theme encapsulates the drawbacks of attending bootcamp. Two subthemes were identified.

Exacerbation of Mental Health Symptoms

One service user spoke about how the bootcamp environment may worsen participant's mental health symptoms, including social anxiety, paranoia and hallucinations. Furthermore, the environment sometimes hindered the use of usual coping strategies, such as removing themselves from the situation or distraction, causing additional distress.

"I found some of it quite anxiety producing. It sort made some of my symptoms worse." (Service User 2)

Staff Guilt Over Attendance

Staff reported sometimes feel guilty about attending bootcamp due to the lack of support from colleagues and internal conflict between personal enjoyment/gain and work responsibilities. This acted as a barrier for some staff attending.

"There is this kind of worker guilt around things like that [attending bootcamp]." (Staff Member 4)

Theme 4: Improvements

This theme describes the improvements to the bootcamp intervention as suggested by staff and service users in order to increase the benefits of the intervention and address some of the issues identified above. Five subthemes were identified.

Continuing Online Bootcamp

Staff and services both felt that the bootcamp should continue alongside the face-to-face sessions once they resume.

"...having the option of online or the gym after Covid is done." (Service User 1)

Developing & Expanding Bootcamp

Both staff and service users spoke about ways to further developing bootcamp sessions to enhance their effectiveness, including longer and more frequent sessions; flexibility in available gym equipment; offering different levels of intensity; more instructors, home workout plans, and re-introducing diet and nutrition elements. Additionally, staff and service users spoke about increasing the number of people attending session by expanding to other services and increasing referrals from staff.

"Having a longer session rather than an hour… Maybe an hour and half rather than an hour. Just to get a better sweat on." (Service User 1)

"So perhaps offering it to other areas of the mental health service as well as EIP…. Perhaps to just get the numbers up and spread the resources a bit better." (Service User 2)

Improving Accessibility

Providing technology to access online sessions, using visual leaflets, recording online sessions for later access, and additional support around using public transport were suggested by staff and service users to improve the accessibility of the bootcamp. Whilst changes to the timing of the bootcamp was also raised, there was uncertainty about a universally suitable time for those taking part.

"If it's there a video copy so that if you miss the session on Thursday and want to catch up on Friday." (Service User 4)

Increasing Staff Buy In

Staff spoke about increasing staff and service support for bootcamp by encouraging staff attendance and ensuring the intervention is driven forward by key players within the service.

"I think more people driving it in in there… one or two more people in certain departments that really drive it." (Staff Member 6)

Progress Tracking

Staff also suggested introducing a method of formally tracking participants' progress and diets to further tailor the intervention to individuals and provide sense of achievement.

"…doing some sort of physical profile and seeing improvements in certain areas." (Staff Member 6)

Discussion

This SEP has provided insight into EIP staff and service users' experiences of the bootcamp initiative and has evaluated the impact of taking part in this intervention. Participants' experiences of the bootcamp provide the context in which the impact of taking part can be evaluated and understood. Four main themes were identified, including 'Experiences of Bootcamp', 'Benefits', 'Drawbacks' and 'Improvements'. The key findings are discussed below.

Key Findings

All participants found the bootcamp a positive, enjoyable and helpful experience that was complementary to other treatments, echoing the findings of previous qualitative research (Larsen et al., 2019). Various aspects of the bootcamp contributed to this positive experience. Adapting the bootcamp to participants' needs, as well as the supportive and inclusive environment of the group, helped participants engage in a meaningful and encouraging way. Similar to previous research, bootcamp facilitated a sense of belonging

and community that service users found helpful and encouraged them to attend (Soundy et al., 2015). The inclusion of staff alongside service users created a positive shared experience and aided the reduction of power imbalances. Less positive experiences of bootcamp were also identified: the accessibility of bootcamp varied greatly between participants and there was a lack of support from the wider service (including colleagues) for staff attendance at the bootcamp. Additionally, several potential physical, psychological and social barriers were identified as interfering with attendance and engagement in the intervention. Comparisons between face-to-face and online bootcamps were also drawn and whilst key differences were identified, such as ease of access/engagement, availability of equipment and sociability, there was no general consensus regarding an overall preference.

As outlined in the literature, attending the bootcamp was associated with a range of benefits, including improvements to physical well-being and motivation, mental well-being, and confidence (Firth et al., 2015; Mikkelesen, et al., 2017; Vancampfort et al., 2017). However, in contrast to previous research, participants did not report a direct impact on psychotic symptoms (Firth et al., 2016). Socially, bootcamp led to closer therapeutic relationships between staff and service users, supporting clinical work outside of bootcamp, and allowed service users to develop meaningful, supportive relationships with others through positive social interactions (Carless & Douglass, 2008). Additionally, bootcamp provided the opportunity for participants to positively challenge stigma about psychosis (Ellis et al., 2007), and acted as a platform to encourage engagement in and develop of other interventions. Two potential drawbacks were also identified, including potential exacerbation of symptoms, which could make engaging in bootcamp more challenging, and staff guilt over attendance due to the lack of wider support and internal conflict regarding work responsibilities. Although the worsening of symptoms was raised by only one service user, it was deemed a significant issue that needed to be included in the findings.

Finally, several suggestions for improvements were identified to further develop the intervention and address previously raised issues. Continuing online bootcamp alongside

face-to-face sessions, improving bootcamp accessibility, and developing the content and structure of sessions were suggested to support and encourage people to engage with the intervention and enhance the benefits of the bootcamp. Increasing attendance through more referrals and offering the intervention to other services, as well as increasing support from the service would improve bootcamp experiences and ensure that the initiative continues. Furthermore, tracking participants' progress would help tailor the intervention further, enhancing the physical health benefits, and improve confidence through highlighting success, supporting long-term change (Noordsy, Burgess, Hardy, Yudofsky & Ballon, 2018).

Strengths & Limitations

The results of this study should be considered within the context of its strengths and limitation. A key strength was the involvement of both staff and service users as the project was able capture the experiences and the impact of initiative on both groups and therefore, provide a comprehensive evaluation of the bootcamp on everyone involved. Additionally, the use of a semi-structured approach to the focus group and interviews ensured the project's aims were met whilst also being responsive to participants' reflections. Consequently, this allowed for a more in-depth exploration experiences and thorough understanding of the impact of the bootcamp, which may not have been possible using a more structured format. Finally, including credibility checks helped ensure the face validity of the themes elicited from the data.

A limitation of the study was conducting a separate staff focus group and service user interviews. Whilst joint focus groups were not possible, important themes which might have arisen from a joint discussion may not have been captured. Additional challenges arise from combining the data collected using different methods from staff and service user groups. Whilst combining the data may have enhanced the data richness and supported triangulation of the findings, focus groups and individual interviews elicit data of differing depths. For example, focus groups capture the interaction data from discussion between participants and individual interviews may produce more detailed data. Consequently, treating the data as equivalent when combining them may have threatened the validity of

the findings. Specifying the relative weight of the data sets and explicitly analysing the contribution of each method to the findings may have helped address these issues. Another limitation was that the service user sample was relatively small and all male, reducing the result's generalisability and reliability. Embedding the researcher in the intervention (i.e., through attending sessions) may have supported recruitment. The lack of quantitative comparison data was a further limitation to this project. The quality of the routinely collected quantitative data was poor, with a large amount of data missing, and therefore was omitted as it would not have added meaningfully to the results. Including quantitative data would have allowed for an objective evaluation of bootcamp grounded in the subjective qualitative data, resulting in a more thorough evaluation and tangible evidence to justify further funding and expansion. However, as mentioned previously, due to timing and Covid-19 restrictions on face-to-face contact, it was not possible for the researcher to collect new quantitative data. The poor quality of the data needs to be addressed by the service (see 'Recommendations') so it can be included in future evaluations.

Conclusions & Recommendations

This SEP was designed to explore EIPs staff and service users' experiences of the bootcamp exercise intervention and the impact of this initiative on those taking part. A mixed method design was initially proposed, but due to the poor quality of the quantitative data, only the qualitative methods and results have been reported. Thematic analysis was used to analyse the qualitative data and four main themes were identified regarding the attendees' experiences of the bootcamp, the benefits and drawbacks to participating in the initiative and areas for improvement. The results highlight that bootcamp is a positive and helpful experience associated with a range of physical, psychological and social benefits for those involved. However, there were some key issues and areas for improvement that need to be addressed. Based on the findings and limitations of this study, the following recommendations (see Table 3) have been proposed in order to develop the bootcamp so that it continues to effectively meet the needs of those involved.

Table 3. Key Recommendations

Recommendations

1. Routine collection of quantitative data using standardised format

A standardised protocol should be developed to ensure the collection of high-quality quantitative data, including physical health and recovery data, at set intervals, e.g., at point of referral into bootcamp and every 6 months thereafter. This process should be regularly audited to ensure the protocol is being followed.

2. Run online and face-to-face bootcamps in tandem

Both online and face-to-face bootcamps should continue to run after the Covid-19 pandemic. This would help address accessibility issues by providing participants with more options for how they can attend.

3. Bootcamp offered to all new service users

All service users should be offered the bootcamp intervention as standard when they are accepted into the service as part of their treatment pathway.

4. Implementing non-intrusive Progress and Diet Tracking

Setting aside time for a collaborative discussion between the personal trainer, staff and service users to develop on a non-intrusive and acceptable way to collect data regarding attendees' progress and diet to further tailor the intervention to individual needs and support engagement/motivation.

5. Individualised plans to manage increases in symptoms

Staff and service users to collaboratively develop individualised plans for managing instances where service users report an increase in symptoms as a result of attending bootcamp. The plans should include actions to be taken immediately in sessions (e.g., who to tell, coping strategies, safety plan etc.) and actions to be taken afterwards (e.g., discussion between service users and bootcamp organisers about how to support service user to continue to attend).

6. Develop a business case for expanding the intervention

The leaders of the intervention should use the findings of this SEP to support a business case to secure funding to expand bootcamp and develop the sessions in line with suggestions made by participants.

7. Disseminate findings to wider staff group and hold in service training

In order to increase staff support, awareness and understanding of the intervention, these findings should be shared with the wider staff group in an accessible format. Additionally, in-service training focusing on physical health needs of service users and the benefits of exercise interventions could be held to increase staff education and understanding around this topic more generally.

8. Protected time for staff to attend

To discuss with the managers protecting time for staff to attend the initiative e.g., through allocating time in staff job plans.

9. Future Research

If possible, future research should evaluate the impact of the bootcamp on routinely collected quantitatively measures, such as physical health and recovery data. This could only be done once the standardised format for the collection of quantitative data has been implemented.

Dissemination

Findings from this SEP were presented at the University of Leeds SEP conference in October 2020. The final report will be shared with the commissioner, bootcamp organisers and key stakeholders in the BDCT. A summary of the findings will be shared with all staff within the Bradford and Airedale EIP service.

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Appendices

Appendix A: Proposed Quantitative Methods

Quantitative Data

The quantitative data consisted of measures that were routinely collected by the service from service users. Consent for the use of this data in research was obtained at the point of collection. In order to maintain anonymity, the data was gathered from the Bradford and Airedale electronic patient record system, SystemOne, by field supervisor (IZ) and another member of the research team (NI) and all identified information remove before being sent securely to the researcher. There quantitative measures are outlined below:

Physical Health Data

Physical health data included the following measures: height, weight, age, current medication, time with the EIP service, blood pressure, resting pulse, oxygen saturation, current activity level and allergies.

Questionnaire about the Process of Recovery (QPR)

The QPR (Neil et al., 2009) is a 15-item questionnaire which measures recovery in psychosis from a service user perspective. Respondents indicate how strongly the agree with each item, ranging from strongly agree to strongly disagree. The QPR has strong internal consistency, construct validity and reliability (Neil et al., 2009)

Friends and Family Test (FFT)

The NHS FFT is a 1-item measure developed to obtain feedback from service users on their levels of satisfaction with services with the view to improve patient experience. Respondents score the question ““How likely are you to recommend our service to friends and family if they needed similar care or treatment?” on a 6-point Likert scale, ranging from extremely unlikely (0) to extremely likely (6).

Planned Analysis

Routinely collected quantitative service user data was to be analysed using descriptive and, if possible, inferential statistic to evaluate the impact of the Bootcamp on these measures. However, the poor quality of the data (i.e. missing and inconsistent data) meant that no meaningful analysis could been conducted.

Appendix B: Staff Focus Group Topic Guide

Focus Group Schedule and Possible Prompts - Staff (V1 – June 20)

Opening

My name is Alex and I'm psychologist in clinical psychologist in trainee currently completing my Doctorate in Clinical Psychology at the University of Leeds. I have been asked the EIP team to evaluate their physical exercise intervention known as the Bootcamp Initiative. As part of this project, I am speaking to staff, like yourselves, and service users in order to learn more about their experiences and opinions of the Bootcamp initiative. I hope that this information will provide insight into the benefits and drawbacks of the initiative, as well as areas for improvement, so that we can continue to develop and expand the intervention both within and outside the service.

The focus group will last approximately one hour but if you need to take a break please let me know. It's important to remember that there are no right or wrong answers, we are just interested in your views. Please don't hesitate to add to the discussion, however, if you are more comfortable listening that's okay too. I will be taking notes during our discussion to help me analyse the data. All the notes will be anonymised and destroyed after analysis is completed.

Before we begin, I would like to set some ground rules:

1. To ensure confidentiality, we request that no names of people either in the group or not present are used.
2. To ensure confidentiality, please do not tell others about what was discussed during the focus group.
3. You can withdraw from the project at any time, including during or after the focus group, without giving a reason. However, any data/responses you have already provided will be retained due to the nature of a focus group.

4. Please do not use abusive, offensive or threatening language/behaviour towards other members of the focus group or the facilitator. Doing so will result in you being asked to leave.
5. Do not interrupt or talk over others. Be supportive of the other members of the focus group.

If we are happy with what has been discussed, then let us begin the focus group.

Focus Group Questions

1) Tell me about your physical health before starting the Bootcamp?

   Possible prompts: How did you feel about your physical health/exercise? How often and what type of exercise did you do previously? If you didn't exercise previously, why not? How did your physical health influence other areas of your life?

2) How did you hear about the Bootcamp and why did you decide to take part?

   Possible prompts: How was the bootcamp initiative introduced to you? What were you told about it before attending? What were your initial thoughts about the initiative? Why did you want to be involved?

3) What have been your experiences of attending the Bootcamp as a staff member?

   Possible prompts: What preparation did you have to do beforehand? How have you found the sessions? How often do you attend? What has helped you to continue attending? How do you balance your work with attending the bootcamp? If you haven't been going regularly, why is this? What have you like/disliked about the bootcamp? What has been most/least helpful for you/service users? How has the bootcamp been different from other/previous

physical health interventions in the service? What physical/emotional changes have you noticed?

4) What is it like attending a Bootcamp intervention for service users where you are also expected to join in?

   Possible prompts: What do you think about working alongside service users? How do you feel about joining in with service users? What do you think has been the benefits/drawbacks of this? How has it effected your/ the services' relationship with service users?

5) Due to the Covid-19 pandemic, the Bootcamp has moved online. How have you found attending the Bootcamp virtually?

   Possible prompts: What differences have you noticed between the face-to-face and virtual Bootcamp? Do you have a preference? What do you think service users have felt/thought about the change?

6) Have there been any helpful/beneficial aspects about attending Bootcamp?

   Possible prompts: How has it effected physical/mental health for you/the service users? What other positive effects/changes have you noticed for yourself (e.g. relationships, workload, stress levels, work satisfaction etc.)/service users? Which parts of the intervention have helped make these changes?

7) Have there been any drawbacks or negative changes from attending the Bootcamp?

   Possible prompts: Have there been any negative effects on physical/mental health for you/service users? What other negative effects/changes have you noticed for you (e.g. relationships, workload, stress levels, work satisfaction etc.)/service users? What about the intervention has contributed to this?

8) What changes/improvements would you make to the Bootcamp?

   Possible prompts: What improvements could be made? What would make the intervention more beneficial/useful for service users/staff/the service? How can we prevent any negative consequences of the bootcamp? What should stay the same and what needs to change? How could the service do this? What would help more people (staff and service users) engage with the initiative?

9) Having taken part in the bootcamp initiative, would you continue to exercise in your own time?

   Possible prompts: Do you currently exercise outside the initiative? What helps/stops you from exercising outside of the bootcamp? What would help keep you/prevent you from exercising after you finish the bootcamp?

10) Anything else you would like to say?

    Possible prompts: Any questions, comments or opinions that you have not had the opportunity to discuss or I haven't asked about?

Closing

Thank you for sharing your experiences of the Bootcamp initiative today with me today. I appreciate the time you have taken to attend the focus group today and the information you have contributed will be invaluable in this project. Remember everything we spoke about in the group is confidential, so please do not share what was said outside this room.

Again, thank you for your participation today, we will now take some time to discuss the next steps and I will answer any questions you may have for me.

Appendix C: Service User Interview Schedule

Interview Schedule and Possible Prompts – Service User (V1 – June 20)

Opening

Before the interview begins the researcher will:

- Follow verbal consent script and complete consent form.
- Complete background information questionnaire with service user

Interview Questions

11) Tell me about your physical health before starting the Bootcamp?

Possible prompts: How did you feel about your physical health/exercise? How often and what type of exercise did you do previously? If you didn't exercise previously, why not? How did your mental health influence your physical health? How did your physical health influence your mental health?

12) How did you hear about the Bootcamp and why did you decide to take part?

Possible prompts: How was the bootcamp initiative introduced to you? What were you told about it before attending? What were your initial thoughts about the initiative? What encouraged you to attend? How did staff support you to attend?

13) What have been your experiences of attending the Bootcamp as a service user?

Possible prompts: What preparation did you have to do beforehand? How have you found the sessions? How often do you attend? What has helped you to continue attending? If you haven't been going regularly, why is this? What have you like/disliked about the bootcamp? What has been most/least helpful/ for you/staff? How has the bootcamp been different from other physical health

interventions you have been involved in the service? What physical/emotional changes have you noticed?

14) What is it like attending a Bootcamp where staff members also join in?

Possible prompts: What do you think about having staff working alongside you? How has it made you feel having staff join in? What has been the benefits/drawbacks of this? How has it effected your relationship with staff/the EIP service?

15) Due to the Covid-19 pandemic, the Bootcamp has moved online. How have you found attending the Bootcamp virtually?

Possible prompts: What differences have you noticed between the face-to-face and virtual Bootcamp? Do you have a preference? How have others found the change?

16) Have there been any helpful/beneficial aspects about attending Bootcamp?

Possible prompts: How has it effected your physical health/mental health? What other positive effects/changes have you noticed e.g. relationships, family life, work, social life etc.? Which parts of the intervention have helped make these changes? What about for staff?

17) Have there been any drawbacks or negative changes from attending the Bootcamp?

Possible prompts: Have there been any negative effects on your physical/mental health? What other negative effects/changes have you noticed e.g. relationships, family life, work, social life, etc.? What about the intervention has contributed to this? What about for staff?

18) What changes/improvements would you make to the Bootcamp?

Possible prompts: What improvements could be made? What would make the intervention more helpful/useful for service users/staff/the service? How can we prevent any negative consequences of the bootcamp? What should stay the same and what needs to change? How could the service do this? What would help more people (staff and service users) engage with the initiative?

19) Having taken part in the bootcamp initiative, would you continue to exercise in your own time?

Possible prompts: Do you currently exercise outside the initiative? What helps/stops you from exercising outside of the bootcamp? What would help keep you/prevent you from exercising after you finish the bootcamp?

20) Anything else you would like to say?

Possible prompts: Any questions, comments or opinions that you have not had the opportunity to discuss or I haven't asked about?

Closing

Thank you for sharing your experiences of the Bootcamp initiative with me today. I appreciate the time you have taken to speak with me and the information you have contributed will be invaluable in this project. Is there anything else you would like to say before we end the interview?

Again, thank you for your participation today, we will now take some time to discuss the next steps and I will answer any questions you may have for me.

Appendix D: Service User Participant Information Sheet

Leeds Institute of Health Sciences/ Faculty of Medicine and Health

UNIVERSITY OF LEEDS

Participant Information Sheet – Service User (V. 1 18/06/20)

Evaluating the impact of the Bootcamp Initiative in Early Intervention in Psychosis (EIP) Services

I'm a Clinical Psychologist in Training working towards my Doctorate in Clinical Psychology at the University of Leeds. I have been asked by the Early Intervention in Psychosis (EIP) team to evaluate the Bootcamp Initiative, which will form part of my qualification in Clinical Psychology.

You are being invited to take part in a project to evaluate the benefits and/or drawbacks of taking part in the Bootcamp. Before you decide whether to take part, please read the information below to understand why the research is being done and what it will involve. You can discuss the information with others and ask us for any further information, before you decide whether to take part or not.

What is the purpose of the project?

Physical health and wellbeing are an important aspect of recovery in mental health. People experiencing psychosis sometimes experience difficulties with physical health and may struggle to stay active and healthy because of symptoms and side-effects from medication Exercise interventions can improve physical health, mental health and quality of life for people experiencing psychosis, particularly during early stages.

The EIP service in Airedale, Wharfedale and Craven has developed the Bootcamp Initiative, an individualised gym-based training programme which motivates people to improve their levels of fitness. During this training programme, service users and EIP workers exercise alongside each other. Although the Bootcamp has been running for some time, the effect on those involved has not been explored. Therefore, the aim of this project is to evaluate the effect of the bootcamp on physical and psychological health, and the levels of satisfaction for service users and staff involved.

Why have I been chosen?

You are a service user under the care of the EIP service who currently attends or has previously attended a bootcamp session.

Do I have to take part?

Taking part in this project is entirely voluntary. It is up to you to decide to take part or not in this project. You can drop out of the project any time by contacting either Alex or Ioulia through the EIP team, up **until** one week after the interview. You do not have to give a reason for withdrawing your participation. Dropping out of the project will not affect your care or have any negative consequences to you. Unfortunately, after that point you will not be able to withdraw because the information gathered will have been analysed.

What will happen to me if I agree to take part?

- Alex will contact you to arrange a date and time to be interviewed over the phone. We ask that you find a quiet space with minimal distractions in which you can take the call without being disturbed.

- On the day of the interview, Alex will contact you and you will be given the opportunity to talk about the project in more detail and to ask any questions you may have.

- You will be asked whether you agree to take part in the project and will asked for some general information about your age, race and involvement with services to help us understand how different groups of people have experienced the Bootcamp.

- The interview will last for about an hour and will be audio-recorded. This is so the discussion can be typed up word for word by Alex and examined later.

- The interview will involve an open discussion focusing on your experiences of the bootcamp and the impact it has had for you, including any benefits or drawbacks to the Bootcamp as well as any changes that could be made.

- You will also have chance to discuss with Alex how you felt the interview went.

Will it be confidential?

All information collected during this project will be kept strictly private and will only be used for this project. Your name and the telephone number used to contact you will be stored separately from all other information collected. You will not be asked for any other personal information. Any information that could be used to identify you will be removed from the questionnaires and interview transcripts. You will be assigned a false name to protect your anonymity.

Although the interviews are for research, the researcher has a duty of care. If there is a risk of harm to you or someone else, she will discuss any concerns with you and may need to share these concerns with other professionals on a need to know basis. Please feel free to discuss this with her before agreeing to take part if you have any questions.

Will I be recorded, and how will the recorded media be used?

The interview will be recorded on a password-protected audio-recording device. Audio-recordings will be transferred from the device and stored securely on University of Leeds's software. The recordings will then be typed up and made anonymous, changing any names or places, after which they will be permanently deleted. Direct quotes from the interviews will be used to illustrate findings. Only Alex will have access to the original recording. If you do not wish to be audio-recorded but still want to take part, you will be offered the opportunity to be interviewed without being recorded.

What are the possible disadvantages and risks of taking part?

Whilst there are no risks to taking part in the project, the discussion may involve some difficult topics (e.g. mental health symptoms) which some may find distressing. If we think that this is happening, we will discuss together how best to manage the situation – it may be useful to take a

short break. Alex will discontinue the interview if she feels continuing will become too distressing for you. Supportive resources can be found at the end of this information sheet in case you feel you would like to access additional support.

What are the possible benefits of taking part?

There are no immediate expected benefits to this study, however you may find speaking about your experiences of the Bootcamp personally meaningful. It is also hoped that this work will help develop the Bootcamp so that it continues to be useful for service users and the results can be used to support the implementation of physical health interventions in EIP services.

Using and storing research data

Data collected in this study will be used to write a report for key stakeholders in the Bradford District Care NHS Foundation Trust, in addition to a poster and a report to be assessed as part of the Doctorate in Clinical Psychology by the University of Leeds.

All data generated from this project collected will be transferred via secure email or encrypted memory stick to the EIP team who will store the data in a password protected folder on the Bradford District Care Foundation Trust psychology drive following the completion of the project.

For more information regarding the use of personal data in research, please see the Privacy Notice for Research at the end of the Participant Information Sheet.

Who is organising the research?

This project has been commissioned by the EIP service in the Bradford District Care NHS Foundation Trust and is organised by the Doctorate in Clinical Psychology course at the University of Leeds. Ethical approval for this study has been granted by the School of Medicine Ethics and Research Committee (No:)

Contact for further information

If you wish to receive more information about this project, have any questions/concerns or would like to take part, then please contact any of the following:

- Ioulia Zygouri (Clinical Psychologist/ Lead Psychological Therapist)

  Address: Bradford and Airedale Early Intervention and At Risk Mental State Services, Meridian House, Keighley.

- Natalie Irving (Social Worker)

- Your Care Co-ordinator in the Early Intervention in Psychosis service.

Working hours are 9-5, Monday to Friday. Please note, we will be unable to respond to you outside of these times.

Finally …

Please keep a copy of this information sheet for future reference. If you wish to take part, please contact Ioulia, Natalie or your Care Co-ordinator. If we have not heard from you in two weeks, a member of the research team will phone you to see if you would like to take part.

Thank you for taking the time to read through this information sheet. Your input is incredibly value and we hope that you will take part!

Appendix E: Service User Study Invitation Letter

Airedale Early Intervention Team
Meridian House
Alston Road
Keighley
BD21 4AD

T: 01274 221022
Fax: 01274 215406
E: Rebecca.Roberts@bdct.nhs.uk
T: 07738985767

Our Ref:

Date

PRIVATE AND CONFIDENTIAL

Referral Hotline: 01274 221021

Dear [Insert Name],

My name is Alex and I'm a Clinical Psychologist in Training working towards my Doctorate in Clinical Psychology at the University of Leeds. I am writing to you because I have been asked by the Early Intervention in Psychosis (EIP) team to complete a project evaluating the Bootcamp programme that is being run by the service. The team would like me to speak to those who have attended the Bootcamp about their experiences and thoughts about the programme so that they can continue to improve it.

As you have previously attended Bootcamp sessions, I would like to invite you to take part in this project. You would be interviewed once over the phone about how you have found the Bootcamp. I have also sent you a Participant Information Sheet with more details about the project and what taking part would look like. Please take the time to read this before deciding whether you would like to take part.

If you have any questions about the project or are interested in being interviewed, you can contact Ioulia Zygouri (Clinical Psychologist) using the details in the Participant Information Sheet.

I look forward to hearing from you.

Kind Regards,

Alex Howat
Trainee Clinical Psychologist

Field Supervisor
Ioulia Zygour

Please be reminded that all NHS buildings are non-smoking, this includes the grounds and parking areas and applies to all patients, visitors, staff and contractors

Bradford District Care Trust places great importance on research as a way of improving quality of care. This means you may be invited to take part in a research study to improve the care of service users and the health of the local community. It also means YOU can ask what research studies are taking place in the Trust and if they are suitable for you to join. If you would like to know more please ask your clinician or contact the R&D office Tel. 01274 228619 or email research@bdct.nhs.uk

Appendix F: Staff Participant Information Sheet

Leeds Institute of Health Sciences/ Faculty of Medicine and Health

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Participant Information Sheet – Staff (V.1 18/06/20)

Evaluating the impact of the Bootcamp Initiative in Early Intervention in Psychosis (EIP) Services

I'm a Clinical Psychologist in Training working towards my Doctorate in Clinical Psychology at the University of Leeds. I have been asked by the Early Intervention in Psychosis (EIP) team to complete a service evaluation project, which will also form part of my qualification in Clinical Psychology.

You are being invited to take part in a project to evaluate the benefits and/or drawbacks of taking part in the Bootcamp. Before you decide whether to take part, please read the information below to understand why the research is being done and what it will involve. You can discuss the information with others and ask us for any further information, before you decide whether to take part or not.

What is the purpose of the project?

Physical health and wellbeing are an important aspect of recovery in mental health. People experiencing psychosis sometimes experience difficulties with physical health and may struggle to stay active and healthy because of symptoms and side-effects from medication. Exercise interventions can improve physical health, mental health and quality of life for people experiencing psychosis, particularly during early stages.

The EIP service in Airedale, Wharfedale and Craven has developed the Bootcamp Initiative, an individualised gym-based training programme which motivates people to improve their levels of fitness. During this training programme, service users and EIP workers exercise alongside each other. Although the Bootcamp has been running for some time, the impact of this programme on those involved has not been explored. Therefore, the aim of this project is to evaluate the effect of the bootcamp on physical and psychological health, and the levels of satisfaction for service users and staff involved.

Why have I been chosen?

You are a member of staff working within EIP service who currently attends or has previously attended a bootcamp session.

Do I have to take part?

Taking part in this project is entirely voluntary and it is up to you to decide whether or not to take part. You can drop out of the project at any point without giving a reason and without any negative consequences by emailing the researcher, Alex (see contact details below). However, any data you have already provided will be retained due to the nature of a focus group and difficulties withdrawing individual responses.

What will happen to me if I agree to take part?

You will receive an email inviting you to take part in an online focus group. The focus group will involve EIP staff members who attend the bootcamp, such as yourself, and will be held over Microsoft Teams. Whilst it may not be possible to accommodate everyone's working patterns, we would really appreciate the involvement of staff in this project. Electronic copies of the consent form and a basic information questionnaire, which will be used to collect information on your general characteristics e.g. age, ethnicity, job role, etc., will be sent to you with the invitation email. You will be asked to complete these as soon as possible and email them back to the researcher prior to the focus group. Please note, we will accept electronic signatures on the consent form. After returning these documents you will be added to a focus group team on Microsoft Teams ready for the focus group.

On the day of the focus group, you receive a call via the Microsoft Teams team. The focus group will probably last about an hour and will be audio-recorded so that the discussion can be typed up word for word by the researcher and then analysed. The focus group will involve an open discussion focusing on your experiences of the bootcamp and the impact it has had for you, service users and the wider service, including any benefits or drawbacks to the Bootcamp as well as any changes that could be made. At the end of the focus group, you will be given the opportunity to discuss your contribution to the project.

Will it be confidential?

All information collected during the course of the project will be kept strictly confidential and will be used for the purpose of this project only. Your name will only be used for your consent form and you will not be asked for any other personal information . Any identifiable information will be removed from questionnaires and the focus group transcript. You will be assigned a false name to protect your anonymity.

Although the focus groups are for research, the researcher has a duty of care. If there is a risk of harm to you or someone else, she will discuss any concerns with you and may need to share these concerns with other professionals on a need to know basis. Please feel free to discuss this with the researcher before signing the consent form if you have any questions.

Will I be recorded, and how will the recorded media be used?

The focus group will be recorded using a password protected audio-recording device or the software OneNote. Audio-recordings will be transferred and stored on the University of Leeds's secure software as soon as possible. The recordings will then be typed up and made anonymous, changing any names or places, after which they will be permanently deleted. Direct quotes will be used from the focus groups to illustrate findings. Only the researcher will have access to the original recording. If you do not wish to be audio-recorded but still want to participate, you will be offered an individual telephone interview which will not be recorded at a later date.

What are the possible disadvantages and risks of taking part?

Whilst there are no risks to taking part in the project, the discussion in the focus group may involve some potentially difficult topics (e.g. mental health) which some may find distressing. If we think that this is happening, we will discuss as a group how best to manage the situation – it may be

useful to take a short break. The researcher will discontinue the focus group if they feel that continuing will become too distressing for those taking part. Supportive resources can be found at the end of this information sheet in case you feel you would like to access additional support.

What are the possible benefits of taking part?

There are no immediate expected benefits to this study, however you may find speaking about your experiences of the Bootcamp personally meaningful. It is also hoped that this work will help develop the Bootcamp so that it continues to be useful for service users and the results can be used to support the implementation of physical health interventions in EIP services.

What will happen to the results of the research project?

The findings from the project will be included in an impact report which will be shared with key stakeholders in Bradford District Care NHS Foundation Trust. As this project also forms part of a Doctorate in Clinical Psychology, the anonymised data will be presented at a poster conference and will be written up into a report which will be assessed by the University of Leeds Clinical Psychology training programme. You will not be identified in any report.

Using and storing research data

Data collected in this study will be used to write an impact report for key stakeholders in the Bradford District Care NHS Foundation Trust, in addition to a poster and a report to be assessed as part of the Doctorate in Clinical Psychology by the University of Leeds.

All data generated from this project collected will be transferred via secure email or encrypted memory stick to the EIP team who will store the data in a password protected folder on the Bradford District Care Foundation Trust psychology drive following the completion of the project.

For more information regarding the use of personal data in research, please see the Privacy Notice for Research at the end of the Participant Information Sheet.

Who is organising the research?

This project has been commissioned by the EIP service in the Bradford District Care NHS Foundation Trust and is organised by the Doctorate in Clinical Psychology course at the University of Leeds. Ethical approval for this study has been granted by the School of Medicine Ethics and Research Committee (No:)

Contact for further information

If you wish to receive more information about this project, have any questions/concerns or would like to take part, then please contact either:

Researcher: Alexandra Howat (Postgraduate Student, Doctorate in Clinical Psychology)

Field Supervisor: Ioulia Zygouri (Clinical Psychologist/ Lead Psychological Therapist)

Finally …

Thank you for taking the time to read through this information sheet. Your input is incredibly valuable, and we hope that you will take part. Please keep a copy of this sheet for future reference.

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Appendix G: Staff Consent Form

Leeds Institute of Health Sciences/ Faculty of Medicine and Health

Consent to take part in Evaluating the impact of the Bootcamp Initiative in Early Intervention in Psychosis (EIP) Services (Staff – V1, 18/06/20)	Add your initials next to the statement if you agree
I confirm that I have read and understand the Participant Information Sheet (Version 1) dated 18/05/2020 explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that: • My participation is voluntary • I am free to withdraw at any time, without giving a reason and without there being any negative consequences. However, any data/responses already provided will be retained due to the nature of a focus group of responses. • Should I not wish to answer any particular question or questions, I am free to decline. To discuss withdrawal please contact Alexandra Howat (Lead Researcher) at alexandra.howat@nhs.net.	
I give permission for the focus group to be audio-recorded for the purposes of data collection and analysis. I understand that all identifiable data is removed or changed from focus group transcripts and the recording is permanently deleted after analysis.	
I understand that members of the research team may have access to my anonymised responses. I understand that my name will not be associated with any research findings and I will not be identified or identifiable in the reports that result from the project.	
I understand that my responses will be kept strictly confidential unless the researcher feels there is a risk of harm to me or someone else. In this situation, the researcher will share her concerns with me and might need to share these concerns with other professionals on a need to know basis.	
I agree to take part in the above research project and will inform the lead researcher should my contact details change.	

Name of participant	
Participant's signature	
Date	
Name of lead researcher	
Signature	

Date	

Appendix H: Staff Background Information Questionnaire

Leeds Institute of Health Sciences/ Faculty of Medicine and Health

Participant ID:

UNIVERSITY OF LEEDS

Background Information Questionnaire for Staff (V1 – June 20)

Please fill out this brief background information questionnaire and return it to the researcher once completed. If you have any queries regarding the questions, do not hesitate to ask for clarification.

1. How would you describe your gender?

2. What is your age? Please Circle One Option)

18-24

25-34

35-44

45-54

55-64

65 or over

3. What is your ethnicity? (Please Circle One Option)

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please describe:

Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

- Indian

Black/ African/Caribbean/Black British

- African

- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe

- Caribbean
- Any other Black/African/Caribbean background, please describe:

Other ethnic group

Arab

Any other ethnic group, please describe:

4. What is your role in EIP team?

5. How long have you been attending the bootcamp (approximately)?

6. How often do you attend the bootcamp?

Appendix I: Service User Verbal Consent Procedure

Verbal Informed Consent Script– Service User Interview (V.1, 15/06/20)

Hello, my name is Alex. I'm a Clinical Psychologist in Training working towards my Doctorate in Clinical Psychology at the University of Leeds. I have been asked by the Early Intervention in Psychosis team to evaluate the benefits and drawbacks of being involved in the Bootcamp Initiative, which will form part of my qualification in Clinical Psychology.

You have expressed interest in taking part in the project. I will be asking you some questions about your experiences and thoughts about the Bootcamp. The information you share with me will help develop the Bootcamp Initiative further for service users. The outcome of this project could support the use of physical health interventions in EIP services.

You have received an information sheet with the details of the project and what to expect. Have you been able to read through this in your own time? I will briefly go through some of the key details from the sheet now, is that okay?

The interview will last for approximately an hour but if you need to take a break please let me know. There are no right or wrong answers, we are just interested in your views. I would like to make an audio recording of our discussion, so that I can have an accurate record of the information provided. No one outside the project will have access to the recordings. I will type up the recording by hand and will store them securely. I will permanently delete the recording after I have typed it up. Do have any questions?

All information collected will be kept private and will only be used for this project. Identifiable personal information, such as names and phone numbers, will be stored separately from all other data collected and will not be linked to anything you say in my report. You will not be asked for any other personal information. However, I do have a duty of care and if I feel there is a risk of harm to you or someone else then I might need to share these concerns and your contact details with others. I will talk to you about my concerns first before anything is passed on. Do you have any questions? Are you happy to proceed?

Your non-identifiable information will not be used or shared with other researchers. After the project is finished, the anonymised findings will be stored securely by the EIP services. A report of findings from the project will be shared with key stakeholders in Bradford District Care NHS Foundation Trust and a report will be submitted to the University of Leeds Clinical Psychology training programme to be assessed. Do you have any questions?

The interview may involve talking about some difficult topics, for example mental health symptoms, which you may find distressing. If we think that this is happening, we will discuss together how best to manage the situation – it may be useful to take a short break. I will discontinue the interview if they feel that proceeding will become too distressing for you.

It is up to you whether you will take part or not in this study. You can drop out of the project at any time without giving a reason, by contacting me through the EIP team. Dropping out will not affect negatively your care from the team. You do not have to answer any question that you do not feel comfortable with. Do you have any questions?

If your contact details change during the course of this project, please inform either Ioulia or Natalie.

Do you have any questions about this research? Do you agree to take part, and may I record our discussion?

Verbal consent obtained ☐

Name of participant:
Date:
Name of lead researcher:
Signature:
Date:

If so, let's begin….

[Move to Interview Schedule]

Appendix J: Service User Background Information Questionnaire

Leeds Institute of Health Sciences/ Faculty of Medicine and Health

Participant ID:

UNIVERSITY OF LEEDS

Background Information Questionnaire for Service User (V1 – June 20)

7. How would you describe your gender?

8. What is your age? Please Circle One Option)

18-24

25-34

35-44

45-54

55-64

65 or over

9. What is your ethnicity? (Please Circle One Option)

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please describe:

Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Black/ African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, please describe:

- Any other Asian background, please describe

Other ethnic group

Arab

Any other ethnic group, please describe:

10. How long have you been involved with the Early Intervention in Psychosis service?

11. How long have you been attending the bootcamp (approximately)?

12. How often do you attend the bootcamp?

Appendix K: Additional Supporting Quotes

Selection of Key Quotes Supporting Themes in Data

Theme 1: Experiences of Bootcamp	
Subtheme	Supporting Quotes
An Important, Helpful & Worthwhile Intervention	"I found it quite positive and invigorating" (Service User 1) "When I first started going it sort of complemented some of the medication we are on." (Service User 2) "The only thing I would say is to encourage it. To do it again. Don't let this be the last group that you work with because I do think it's a positive and I do think it's helping." (Service User 4) I'd say also that I always had this like aversion to gyms… it really helped me get over some of the stereotypes as well." (Staff Member 4)
Adapted to Attendee's Needs	"Like he'll know which ones I can do and which I can't do…at the moment we have two people who come to nearly, well, practically every single one. And both have physical things. We have one lady who is on crutches and lots of other physical stuff but she does it and she's brilliant and getting stronger. And it's adapted for them, which is fantastic." (Staff Member 2) "It just takes into consideration people's different levels of fitness." (Service User 4) "It's tailored to your level and capabilities." (Service User 1)
A Positive Shared Experience	"It motivates you. It just shows you that anybody can do it." (Service User 3) Yeah, we are all sweating, and all just look a sight. You're there with them aren't you. (Staff Member 2)

	"It feels more natural." (Staff Member 6) "So if you're feeling a bit down before the session starts you can say "oh this has happened or that's happened" and they will say "just stay on after the session and we can have a bit of a chat with you"."(Service User 1)
Belonging & Connection	"They understood us more. Nobody can turn round and say you don't understand what he is on about or that he is a freak or stuff like that. You can turn round and say we know what you're going through because we went through the same stuff." (Service User 3) Most helpful will be knowing that Monday Wednesday at one o'clock, from one until two, if you have no other contact with anyone else, at least you know you have contact with bootcamp service users. (Service User 1) "And I found that really enjoyed the warmth of the exercise group, you know like a community kind of feel to it." (Staff Member 4)
Supportive & Inclusive Environment	"Yeah, they kept saying we would like to see you again next week. Keep up the good work. Stuff like that they use to say." (Service User 3) "There is no pressure. If you want you can just join in the group and watch other people exercise if that's your thing. If you feel like you want to have the contact with other people but you don't feel like you have the energy to take part there is no pressure on you to take part. It's good there is no pressure." (Service User 1)
The Play of Power	"Even though they are mental health professionals it felt a lot like friends as well so it felt more social than clinical." (Service User 2) "I mean not to sound like a broken record, but it is a positive because you see staff in a different setting then. Again, it's a little less formal and it allows barriers to come down a bit." (Service User 4) I have been able to develop the relationship with my clients and other people's in a way that I couldn't do before because of that power imbalance…soI was able to engage on a different level (Staff Member 1) "The service users were empowered because they were helping me." (Staff Member 5)

	"You know sometimes I think it can be…I don't know if I've detained someone under the Mental Health Act and then you go in and you're getting all sweaty with them, you know, you of- I'm sort of aware of that. I'm also aware of that." (Staff Member 3) "But I think the only other thing I suppose was around the boundaries…just with a couple of clients when maybe that professional and more personal relationship, it got more blurred." (Staff Member 4)
Accessibility	"X made sure I had a bus pass to make sure I could get there for free which was nice." (Service User 2) "They helped me with the getting online part because I haven't actually been to a live session yet." (Service User 4) "I think it's the timing. It's the time. Yeah, they do it at one o'clock and a lot of people can't get there for one o'clock." (Service User 3)
Lack of Support from Other Staff & Service	"I think me and X have spoke about before, she has tried to get certain departments on board. They have just not been as forthcoming with it, I don't think." (Staff Member 6) "I have to kind of shoe horn it into my day. And I just have to just not make an issue of it." (Staff Member 3) "I think if I were just to sort of announce I'm going to bootcamp I might be encouraged not to go. By my manager or by, you know, it might not be something considered to be of my role." (Staff Member 3)
Potential Barriers to Engagement	"I'm just disappointed I can't do it the same way that I used to do it because of my injury." (Service User 4) "I wasn't in the right place mentally, physically." (Service User 4) "I had a period of a few months where I stopped going but there were other things going on." (Service User 2)

Face-to-face vs Online	"Some people join on their phones and if they join on their phones then there's a bit of feedback." (Service User 1) "And I think anybody who struggles with social situations, especially new social setting like that, I think that it's a massive positive for them that they can come online first if they'd like." (Service User 2) "The variety of equipment in the gym added a bit more to it." (Service User 2) "I really am an advocate for these online sessions they've been having because, at the end of the day, that's the only way I've been able to access it." (Service User 4) "I imagine it's a lot better to be honest because with people in person and they meet in person, they can interact differently." (Service User 4) "…you're not there and you're not tweaking little bits of techniques. I can only give out so many teaching points before we have to start. That bit is a little bit more challenging." (Staff Member 6) "You don't feel as self-conscious, I didn't feel the self-conscious kind of thing." (Staff Member 3)
Theme 2: Benefits	
Improved Physical Well-Being & Increased Motivation	"Well like I said I'd gained weight. Since being there, I lost weight" (Service User 3) "I can feel my upper arm muscles getting bigger from the band work and what have you." (Service User 1) "It has completely changed my energy levels on the two days I've done it in the week." (Staff Member 3) "It has improved my motivation to be more physical." (Service User 1) "Exercise on a regular basis has helped with a chronic condition that I have." (Staff Member 1)

Improved Mental Well-Being	"Yeah, well also it just introduces you to a different way of dealing with mental health." (Service User 4) "I found that really beneficial for my stress levels and things." (Staff Member 1) "He felt more confident out and about so therefore it reduced his mental health experience because he felt like he could almost look after himself more." (Staff Member 4) I think after every session everyone is always uplifted when it's finished anyway. (Staff Member 6) "I've got all this stuff. But then after the hour I just felt like I was kind free of it." (Staff Member 4) I've actually had some really, really good sessions with service users after I've done the bootcamp because I've just felt so much more energised and more present in the moment, less in my head. (Staff Member 3)
Closer Therapeutic Relationships	"I've got to know them a lot closer...it makes it easier to talk to them." (Service User 1) "It's opened me up to different staff members…" (Service User 4) "I think it really helped with this client relationship, yeah. It was a big talking point in terms of that piece of work we were doing together." (Staff Member 4)
Developing Meaningful Relationships with Others	"I sometimes get my wife to join in. She is enjoying it." (Service User 1) "…there was a new person who attended…and the two of them [service users] who were going for a coffee, they invited the other service user and they all went for a coffee and it was like wow, that is just amazing. They were supporting each other." (Staff Member5)
Improved Confidence	"She really came out of herself and started to use humour in a way I had never seen in any other situation. But when she was in the group setting was more confident." (Staff Member 3) "…there was a guy, he felt unsafe out…because his body was transforming, he felt more confident..." (Staff Member 4)

	"…one of my clients who used to attend regularly, and she took kind of a bit of a leadership role in it. She took the opportunity to bring people together and to show people how to do exercise and things like that. And she really loved that role.' (Staff Member 3)
I am Not A Monster	N/A
Springboard for Other Interventions	"We are looking at developing other interventions from service user feedback." (Staff Member 5) "Because the service users are involved and their interested and engaged, that's when you can have the conversations about what else would work for you." (Staff Member 5)
Themes 3: Drawbacks	
Exacerbation of Mental Health Symptoms	"There were certain times where I was just on the verge of walking out mid-session because of conversations and how that related to my paranoia and things like that. So it was kind of stressful in some ways." (Service User 2) "If I was at home I can pick and choose what I do and stop doing stuff instantly but being shut in there for an hour…" (Service User 2)
Staff Guilt Over Attendance	"We're getting something out of it so maybe that's where the difficulty in justifying it to ourselves because it's actually a benefit to us personally as well." (Staff Participant 3) "I feel like because I really want to do it, there is a little bit of guilt. Because there are other things pushing in on me, pushing in on me, and it's something I really want to do so I tend to put me last, when actually that's not valuing the group for what it actually is. (Staff Participant 5)
Themes 4: Improvements	

Continuing Online Bootcamp	"Always having the virtual. I think that's the best way forward with it to be honest." (Service User 4) "And I know the feedback we've had is when we go back to normal they want at least one session a week online." (Staff Member 1)
Developing & Expanding Bootcamp	"For a more well-rounded exercise programme you would want to do it three times a week really." (Service User 2) Some people take it more seriously than others and if you get a group of people together that are taking it very seriously then the opportunity to take it to the next level would be nice. (Service User 4) "The diet and nutrition side is something I'd try and reintroduce and ask people about and give information about." (Staff Member 6) Definitely some sort of simple plan…those could be simple for people at home" (Staff Member 6) "I might suggest trying to get more people there. I mean the venue, it wasn't the biggest of rooms but there was nearly always room for a handful more people." (Service User 2) "A gentle nudge from people or trying to get your person one of these, now three, bootcamps that are online now at least once a week and see what happens." (Staff Member 6)
Improving Accessibility	"If everyone had a laptop or tablet either supplied or rented or what have you. Rather than on a phone, then they would have a better experience." (Service User 1) "Maybe if we developed a visual leaflet that was really engaging, easy to read, pictures. I don't know, something that would just spread the message around." (Staff Member 5) "You know the only thing I would change about it is the time of it because it's always at lunch time and one o'clock is a terrible time because I want to eat beforehand. I'm too hungry by one… I would have it at last thing, maybe four o'clock and have it last thing and then go home sweaty. Or a morning session" (Staff Member 3)

Increasing Staff Buy In	"I don't want to make it sound mandatory that you have to go, but I do think it would be great if staff were at least expected to attend… because you don't really get the value of it unless you go and see what's going on. And I just, you know, it would be nice because people would then value it for what it is and use it more for their clients." (Staff Member 5) "It should be that any staff can go, not that it's limited to or whatever. Then they see it as look everybody go." (Staff Member 2)
Progress Tracking	"More information on their diets and what changes their doing" (Staff Member 6) "Some sort of efficient way of tracking diets that wouldn't be too scrutinous." (Staff Member 6)