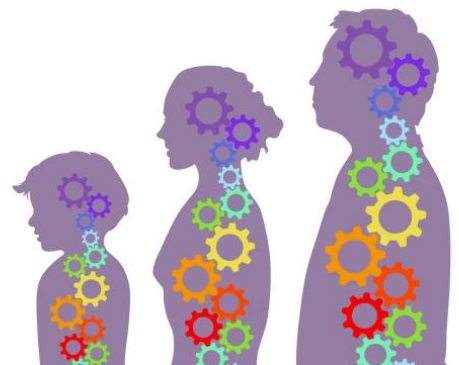


Integrating Mental and Physical Healthcare, Research, Training & Services (IMPARTS)

Delivered as part of the King's Health Partners
Mind & Body Programme

imparts
Integrating Mental & Physical healthcare:
Research, Training & Services



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Foreword by Professor Matthew Hotopf

IMPARTS has made substantial advances in the integration of mental and physical healthcare. The project's impact on both clinical practice and academic research has been truly remarkable and it's time now to acknowledge its contributions.

We are used to patient outcomes being tracked on biomarkers from blood tests, but few sustained efforts to measure patient-reported outcomes routinely have been made. Missing the fact that patients aren't usually interested in their blood results, but they are interested in whether their symptoms stop them doing day to day activities. IMPARTS filled this gap by providing a method for services to record and track patient outcomes over time and to make these results available to the clinician. Crucially it sought to integrate – to ask about physical and mental health at the same time, because to patients these distinctions don't matter.

The project joined clinical innovation with research and showed that monitoring patient outcomes is not just acceptable, but something patients valued and welcomed. We highlighted a high prevalence of depression and anxiety across a range of conditions, raising awareness and in some cases this even leading to investments in services. We have shown the economic case for such investments, for example that comorbid depression leads to higher healthcare costs.

The educational component of IMPARTS has been equally noteworthy. The high level of engagement of healthcare professionals in academic modules and e-learning platforms is a testament to the project's far-reaching impact. This focus on education ensures that the project's influence permeates beyond immediate patient care, shaping the broader healthcare landscape.

But perhaps the greatest achievement of the IMPARTS project has been its impact as a catalyst for change. It has provided a means to encourage colleagues mainly focused on physical healthcare to improve patient experience by addressing psychological needs, and in so doing has addressed stigma and raised awareness.

I am both proud of the accomplishments to date and optimistic about the transformative changes that lie ahead.



***Professor Matthew Hotopf CBE
Vice Dean of Research at the Institute of Psychiatry Psychology and
Neuroscience***

Foreword by Dr Rachna Chowla and Dr Irem Patel, Joint Directors of Clinical Strategy, King's Health Partners

We're delighted to join Professor Matthew Hotopf in celebrating IMPARTS, an initiative that has revolutionised integrated healthcare as part of the Mind and Body programme. As Joint Directors of Clinical Strategy, we've seen firsthand its transformative impact.

IMPARTS has excelled in bridging the mental and physical healthcare divide. Its focus on real-world applicability ensured that academic rigour translates into tangible patient benefits. The project's use of technology, particularly in real-time data integration, has set new standards in healthcare delivery.

What set IMPARTS apart was its interdisciplinary approach. It united experts from diverse fields like psychiatry, psychology, medical and surgical specialities towards a common goal. This cross-disciplinary synergy has been vital to its success and serves as a blueprint for future initiatives.

The project also empowered patients and communities. By involving individuals with lived experience, and developing self-management resources, IMPARTS ensured that the patient voice shaped its direction. This level of engagement is essential for long-term sustainability.

As we look ahead, we're excited about Mind and Body's potential to continue leading in healthcare innovation and enabling integrated, patient-centred care.

In closing, congratulations to everyone involved in IMPARTS. Your dedication has set a new benchmark in healthcare, and we're eager to see where this journey takes us next.

Warm regards,



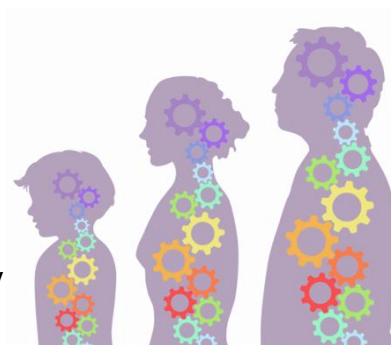
***Dr Rachna Chowla and Dr Irem Patel
Joint Directors of Clinical Strategy
King's Health Partners***

Introduction

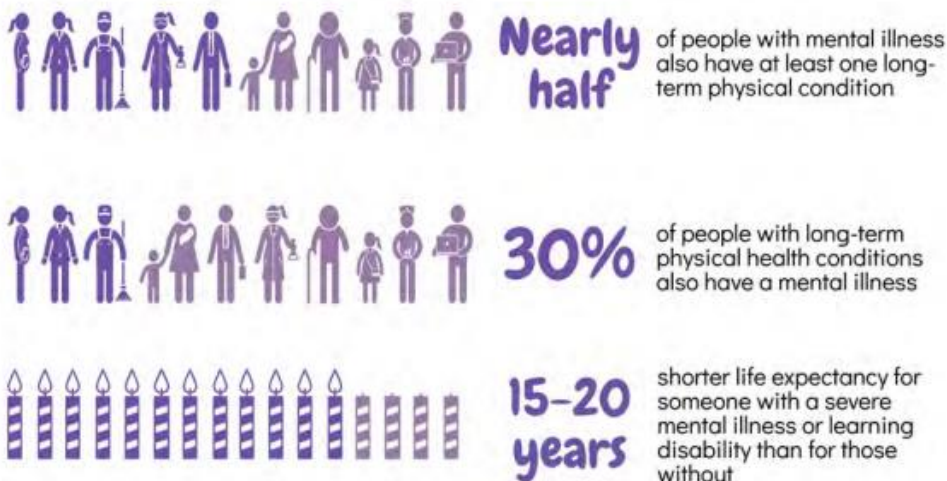
The Mind & Body Programme at King's Health Partners believes that mental and physical health are inseparable.

The programme is committed to championing excellence for complete mental and physical healthcare in a modern world through innovative projects that progress healthcare, healthcare improvement, education and research. Through doing so, the programme seeks to demonstrate the value of better joined up healthcare practice, pathways, and systems across mind and body care in order to achieve better health experiences and outcomes for patients.

The Mind & Body Programme is funded by partners at King's College London, King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and South London and Maudsley NHS Foundation Trust, with support from The Health Foundation, Guy's and St Thomas' Charity, The Burdett Trust, Maudsley Charity and Leukaemia UK.



Why does Mind & Body champion joined up healthcare?



King's Health Partners © 2017

IMPARTS – a history

2011

King's Health Partners issues funding to test the feasibility and acceptability of assessing for mental health needs in physical health settings.

2017

The test is incorporated into Mind and Body programme in the form of the IMPARTS project with the aim of rolling out across Guy's and St Thomas' and King's College Hospital NHS FT's outpatient settings.

2020

The remote collection of data is facilitated for virtual appointments in response to the pandemic.

2023

As the programme comes to an end, a legacy is made. The method of data collection is moved onto the new EPIC system.

Project overview

In healthcare, mental and physical health services are often disconnected, and we often think of the mind and body separately. Yet, poor physical health can lead to an increased risk of experiencing psychological distress or developing a mental health condition. Likewise, poor mental health can negatively impact a person's physical health and increase their risk of developing some conditions.

[Evidence shows](#) that by joining up physical and mental healthcare, we can help someone to manage their different conditions, improve their health outcomes, and prevent unnecessary health problems for some people by identifying risk early. We also know that where people have both a physical and mental illness, they are less able to manage their conditions and their health outcomes are worse.

IMPARTS was designed to support clinical teams in physical healthcare settings to provide timely, tailored, evidence-based holistic care to patients presenting at King's Health Partners Acute Trusts.

IMPARTS was part of [King's Health Partners](#) and was widely used in Outpatient clinics at [Guy's and St Thomas'](#) and [King's College Hospitals](#).

More recently, there has been an identified need for a Population Health Management approach. In line with this, October 2023 will see the launch of Epic, a new electronic health record, across King's College and Guy's and St Thomas' Hospitals.

With the launch of Epic, the IMPARTS screening and data collection platform will be closed. Patient and clinician reported outcome measures will be collected using Epic's MyChart app instead, which will allow a more widespread population health approach, collecting data from many more services on the Vital 5, and continuing the work that the IMPARTS programme started.

The 5 Pillars of IMPARTS

The IMPARTS Programme consisted of 5 pillars to enable a holistic approach towards identifying mental health needs in physical health settings:



Collection of Patient Reported Outcome Measures through the IMPARTS **screening** platform, with real-time electronic patient record updates



Identifying care **pathways** for patients with common mental illness, using liaison psychiatry, health psychology services, IAPT referrals, and GP information



Training clinic staff to use the platform, and build confidence in having conversations about mental distress



Providing **self-help** materials to support clinic staff in discussing self-management and referrals for patients' conditions



Utilising data collected for **research** purposes

What was the problem?

IMPARTS was started to address the **separation of mental and physical healthcare**, and in 2019, became part of the King's Health Partners Mind & Body Programme. The Mind & Body programme aims to address the historical barriers between mental and physical healthcare, improve patient experience and outcomes, as well as to contribute to the evidence base around Mind and Body care:



Through bespoke team training for all services implementing IMPARTS, and through the highly popular [5 Day Course](#), IMPARTS aimed to improve confidence for clinicians and healthcare teams **so they could effectively discuss mental health** in physical health settings.

In addition, by working with clinical teams to develop pathways for managing identified needs, we identified **gaps in psychological provision** across the partners. The data gathered was used for several business cases to improve provision – for example, a CBT therapist in Limb Reconstruction, supporting the ICU Psychosocial team, and the [Integrated Cardiorespiratory Liaison Team](#) (previously known as 3DLC and now business as usual at King's College Hospital).

Finally, an absence of **resources for people with Long Term Conditions**, many of whom experience concurrent depression and anxiety, was addressed by developing a [series of self-help leaflets](#) covering a wide variety of topics.

What have we learned?

- **Patients are engaged with integrated care initiatives, like IMPARTS**

IMPARTS has shown that integrated care initiatives are well-received by patients. Studies indicate that as many as [9 out of 10 patients](#) complete the IMPARTS survey when invited. This high level of engagement has helped clinical teams identify service needs and monitor patient outcomes, proving that integrated care is both feasible and valuable.

- **Psychological distress is common in patients with long-term physical conditions**

Research through IMPARTS has revealed a significant overlap between mental and physical health conditions. For example, [around one-fifth of outpatients with long-term physical conditions also meet criteria for a probable mental health condition](#). This highlights the importance of mental health screening in physical healthcare settings.

- **Mental health can predict outcomes**

Studies using IMPARTS data have found that mental health conditions can significantly impact physical symptoms and functioning, which may lead to [increased healthcare costs](#). For instance, patients with chronic pain and depression reported more pain and were [more likely to be unable to work](#). This underscores the need for holistic care that addresses both mental and physical health.

- **Considering mental and physical health together can inform treatment**

IMPARTS research has shown that considering both mental and physical health can inform better treatment strategies. For example, [patients' beliefs about their illness](#) were found to be more strongly [linked with depression and anxiety](#) than the severity of their condition. This emphasises the importance of a holistic approach to patient care.

- **There are many more research opportunities**

IMPARTS has laid the groundwork for future research into integrated care. The routine collection of patient-reported outcomes allows for ongoing studies such as [testing new measures](#), [detecting and describing new symptoms](#), and [recruiting to trials](#). This research could further our understanding of the interaction between mental and physical health.

More information on how IMPARTS has contributed to the evidence base is available in [this blog by Gabriella Bergin-Cartwright](#)

What has IMPARTS achieved?

Identifying mind and body needs



- 275 questionnaires built to collect patient reported outcomes
- 145,000 screening encounters
- 130 clinical services have used IMPARTS to collect patient-reported data

Pathway development



- Reviewed and developed pathways with over 130 clinical teams
- Shared expertise on Vital 5 pathways and My Chart best practice advisories

Training and Education



- 322 students on IMPARTS short 5 Day course
- 224 e-learning participants
- 39,912 MOOC Joiners learners from over 188 countries

Self-Help



- 36 bespoke self-help resources developed
- 16,000 views of self-help resources

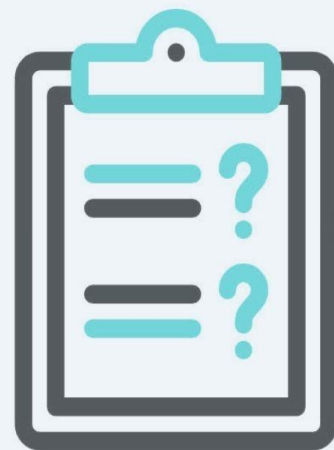
Research



- [41 publications - 33 peer reviewed articles published](#)
- 33 Conference presentations
- Supported clinical audits for service redesign and PhD research
- Expansion of EAG – driving peer support intervention trial
- [Blog post: How IMPARTS Empowers Patients and Clinicians](#)

145,000

Total IMPARTS encounters since 2012



Research using IMPARTS data has helped provide evidence for developing services to better meet patient need



IMPARTS screening has been delivered in

130

outpatient settings across GSTT and KCH

90% of patients surveyed felt that IMPARTS had some effect on how well their healthcare professional understood their needs



IMPARTS found that patients from the Headache clinic had the highest prevalence of depression (36.4%), followed by Hidradenitis Suppurativa (HS) (31.5%), and chronic obstructive pulmonary disease (COPD) (28.9%)

The IMPARTS study in numbers

36

Bespoke Self-help resources have been created



Over 39,000 joiners from over 188 countries have joined the Massive Open Online Course (MOOC)

41

Research papers have been published utilising IMPARTS data



6

Grant proposals have been supported utilising IMPARTS data

12 guided mindfulness sessions, viewed over 14,000 times.



IMPARTS data has contributed to

33

conference presentations



322 students have participated in IMPARTS short course since launched in 2015

The IMPARTS wider legacy

As IMPARTS concludes, its impact in integrated healthcare, especially in population health and personalised care, remains significant. It has paved the way for future work, such as King's Health Partners' and South East London ICS Population Health and Equity Vital 5 programme.

Population Health

IMPARTS has been key in linking mental and physical health across various patient groups. It has set the foundation for a broader healthcare approach that considers community and social factors. The upcoming Epic launch at Guy's and St Thomas's and King's College Hospital will allow our partner organisations the opportunity to adopt a more widespread population health approach, using data for early intervention and better outcomes.

Health Data Science

Data has been central to IMPARTS, setting new standards in healthcare delivery with real-time data integration. This aligns with our local Integrated Care System's focus on using data for improved patient outcomes.

Vital 5

Vital 5 aims to improve five key health factors at both individual and population levels. IMPARTS has shown that prevention and early detection are crucial for improving population outcomes, particularly in areas like high blood pressure and mental health. We've collaborated with the Population Health and Equity programme to develop the South East London Vital 5 Mental Health action plan.

Personalised Health

IMPARTS has excelled in promoting tailored, holistic care, focusing on what matters to patients. The initiative has empowered patients by involving individuals with lived experience and developing self-management resources and helping each patient's unique needs to be identified .

By targeting both individual and community needs, IMPARTS has set a precedent for future initiatives. Its contributions will continue to shape our healthcare approach.

What next?

While the programme itself may be coming to a close, there is plenty of work that will continue in the years ahead using IMPARTS principles and models of integrated care to support patients with long-term physical health conditions, many of which have been integrated into business as usual.

3 Dimensions for Long-term Conditions (3DLC)

The Integrated Cardiorespiratory team (previously known as 3DLC) scaled up the award-winning King's College Hospital service, 3 Dimensions of Care for Diabetes (3DFD).

The service provides support for patients with heart failure or COPD and co-occurring mental health or social care problems that impact on their condition, leading to poor self-management and adherence to medication, increased use of healthcare services, increased physical complications and premature mortality. It brings together clinical and research expertise in mental health and social support to deliver a fully integrated mind-body, multi-disciplinary approach, optimising biomedical and patient-reported outcomes, and thereby improving quality of care and health costs.

The team provides biopsychosocial support for patients diagnosed with Heart Failure or COPD, combined with unstable management of their condition and/or increased anxiety and impact on their mental health. Specifically, the service offers psychiatric assessment and psychological intervention as well as support with social welfare such as housing and unemployment benefits – delivered by a psychiatrist, psychologist and social support worker.

The 3DLC programme started as a pilot, funded by The Health Foundation, in 2017, and was initially run across both King's College Hospital and Guy's and St Thomas' Hospitals. However, in 2019, it was funded as an ongoing service at King's College Hospital.

What next?

COMPASS-IBD and IMPARTS

The COMPASS-IBD study has been running since October 2022.

To date, we have had 45 patients completing our COMPASS-IBD digital CBT therapy. In this time, we have had 749 people complete IMPARTS in the gastroenterology service at Guy's and St Thomas' NHS FT, with 168 (22.4%) of those people identified as having mild to moderate depressive or anxious symptomology.

IMPARTS helped us to identify people who may benefit from COMPASS therapy. We will continue to recruit into the study and have patients in the gastro service complete COMPASS until early 2024.

We hope that our findings will allow us to complete a larger implementation trial across services as our broader aim is to implement both mental health screening and digital CBT into routine IBD care.

For more information, please visit our website: <https://www.compass-ibd.co.uk/>



What next?

CommonGround

In the UK, around 15 million people are living with a long-term physical condition (LTC). Of those, approximately 20% have major depression and a further 20% experience mild depressive symptoms. This has led to the development of our platform CommonGround, which aims help people with multiple long-term conditions live happier, healthier lives through online peer support.

This project will co-produce an online psychoeducation and peer support platform for those with LTCs and mild depression. The goal is to intervene early and prevent major depression for this at-risk population. This work is part of research at King's College London (KCL) and the IMPARTS initiative.

We aim to build a community that supports both mental and physical health. A proactive approach could lower the risk of severe depression for people with LTCs so we're implementing a peer support system to help manage mental wellbeing. Our co-produced approach is hugely important to us and integral to this work. Our team includes advisory members with lived experience, design agencies (TOAD/BitJam), KCL researchers and academics, clinicians, and a co-applicant with lived experience.

We've conducted focus groups and workshops to develop the platform. We have gathered reflections from some of the team members on their experiences of the process so far. Usability testing was done using Think Aloud techniques. Elly Aylwin-Foster and Hannah Rowlands reflect on online co-production during COVID-19 in this blog piece. Throughout the project so far, we have conducted focus groups to understand what people with LTCs think about online peer support. The findings from this work can be found here.

The final phase is a feasibility study to assess the platform and plan a full-scale trial. We will gather user experiences through a mixed-methods trial. Keep an eye out for updates here.

This work has been funded by King's Health Partners and Impact on Urban Health, through their Multiple Long-Term Conditions Challenge Fund.

For more info or to get involved, contact Dr Grace Lavelle at grace.lavelle@kcl.ac.uk.



What next?

Maudsley Charity funded Epilepsy project

In the UK over 30% of people with epilepsy (PWE) experience mental health symptoms, compared to 15% in the general population. Some epilepsy clinics have started mental health screenings using paper questionnaires or electronic portals. However, there's limited evidence, particularly for outpatient settings. Our project piloted an integrated physical and mental health screening tool for both young people and adults with epilepsy. We assessed its feasibility in NHS epilepsy services, covering patient outcomes, care pathways, and data for research.

Patients at King's College Hospital filled out digital questionnaires on smoking, depression, and anxiety. These were sent via a text reminder 24 hours before their appointment and uploaded to their health records in real time.

Over seven months, 600 patients were sent the questionnaire link. The response rate was 20%; half completed the screening. Results showed high levels of anxiety (30%) and probable depression (16%). Only 16% with anxiety symptoms and 30% with depression symptoms were receiving treatment.

Our findings underline the need for integrated screening in epilepsy care and its potential to improve acceptability within the NHS. The utility of IMPARTS is also evident in our recently accepted manuscript in the BMJ Open Journal.

Further analyses will cross-reference data with clinic records to offer insights into seizure profiles and predictive factors for mental health symptoms.



The Mind & Body Improvement Network

The Improvement Network provides members with a platform to collaborate, innovate and deliver integrated mental and physical healthcare across the partnership and beyond.

A growing and diverse body of evidence demonstrates that our health is influenced by a complex interplay between physical, emotional, social, and environmental factors. Delivering integrated mind and body care is crucial to improve health outcomes, patient experiences, reduce costs and improve the quality of life.

The Improvement Network is hosted on the collaborative online platform FutureNHS, and offers individuals, services and organisations with resources, links to training and events, and a space to start discussions and share best practice with other Mind & Body Champions, for the benefit of patients.

Benefits

The Mind & Body Improvement Network provides a significant number of benefits for its members, including:

- Support to identify priority concerns and challenges related to integrated mind and body care, and work towards common goals
- Help to improve patient experience, quality of care, and health outcomes by supporting changes in practice
- Assurance for patients, their families, the public, and regulators that they are focused on delivering integrated care in accordance with best practice, national guidelines and regulations.



**Join the network
and become a Mind
& Body Champion!**

Who can join?

Everyone! Whether you are clinical or non-clinical, junior, or senior, we welcome a range of staff representing all areas of our organisations and beyond. [Sign up for free here!](#)

Contact Francesca.Brightey-Gibbons@slam.nhs.uk or Carl.Nwabudike@slam.nhs.uk for any questions or queries.

Our Education Resources

The FutureLearn “MOOC”

This short course is available always, online and is free to everyone all over the world.

Exploring the connection between mental and physical health and approaches to integrating care, course participants learn how mental and physical health interact. Through tasks, quizzes, patient statements and dramatised accounts, you will look in depth at the relationship between physical illness and depression/anxiety and improve your ability to recognise symptoms and sources of help. Whether you work in healthcare, or you are a patient or carer (or both), understanding how the mind and body interact can help you manage the emotional impact of illness more effectively.

[Learn more and register here](#)

The 5 Day Course: Mental Health Skills for Non-Mental Health Professionals

The 5 Day Course is a short, highly popular module for healthcare professionals working in general hospital settings. Taking place one day a week over five weeks, highly experienced professionals cover the most common mental health problems encountered in the general hospital setting. Teaching includes role play scenarios with specialist actors and is a unique opportunity to confidentially share professional experience and expertise with peers.

The course is CPD certified and can also be offered as a Level 7 15 credit module for people studying for an MSc.

Each of the five taught days has a different clinical theme: depression and anxiety; confusion and agitation; persistent physical symptoms; substance misuse; and handling conflict. Students will become familiar with common presentations, assessment tools, basic management strategies and ethical issues related to each clinical theme.

No prior knowledge of mental health is assumed.

[Find out more and register here](#)

Our Self-Help Resources

The IMPARTS website contains all our self-help resources, developed over the years by collaboration between clinical and psychology teams.

Sources are for people with health conditions and cover general areas such as keeping active, managing stress, adjusting to a health condition, as well as support tailored to specific conditions such as diabetes, pain, heart failure, dementia or skin conditions.

The site also contains some guided mindfulness sessions designed by Dr Jane Hutton, one of our psychology team.

These can be viewed here: [Resources & Self-Help \(imparts.org\)](https://imparts.org/resources-self-help/)



Self-Help Resources

Living with a long-term health condition can be challenging and people might feel low, frustrated or worried. We've got together some resources to help you manage your mental and physical health and well being, including guided mindful meditations and condition specific leaflets.

We have also released a new updated series of generic self-help leaflets:

- Making the Most of Your Life
- Living an Active Lifestyle
- Managing Anxiety and Worry
- Your Sleep
- Problem Solving
- Making Your Thoughts Work for You
- Finding More Help - psychological help explained
- What is the Mind-Body Link?
- Coping with Low Mood and Depression

To access them, use the link or the QR code below:

Visit: <https://imparts.org/resources-self-help/>

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Integrating Mental & Physical health
Research, Training & Services



KING'S
College
LONDON

NHS
Guy's and St Thomas'
NHS Foundation Trust

NHS
King's College Hospital
NHS Foundation Trust

NHS
South London
and Maudsley
NHS Foundation Trust

Research 2012 to 2016

Publ.	Title	Journal
2013	The prevalence of depression in rheumatoid arthritis: a systematic review and meta-analysis	Rheumatology
2014	Self-help interventions for symptoms of depression, anxiety and psychological distress in patients with physical illnesses: A systematic review and meta-analysis	Clinical Psychology Review
2014	The impact of rheumatoid arthritis on quality-of-life assessed using the SF-36: A systematic review and meta-analysis	Seminars in Arthritis and Rheumatism
2014	Embedding integrated mental health assessment and management in general hospital settings: feasibility, acceptability and the prevalence of common mental disorder.	General Hospital Psychiatry
2015	Psychological correlates of fatigue in rheumatoid arthritis: A systematic review	Clinical Psychology Review
2015	Progress in developing and implementing stepped-care psychological support for people with psoriasis	Dermatological Nursing
2015	Illness perception in individuals with hidradenitis suppurativa at a tertiary referral clinic	British Journal of Dermatology
2016	Symptoms of depression and anxiety predict treatment response and long-term physical health outcomes in rheumatoid arthritis: secondary analysis of a randomized controlled trial	Rheumatology
2016	Mental disorder in limb reconstruction: Prevalence, associations and impact on work disability	Psychosomatic Research
2016	Screening for anxiety and depression in people with psoriasis: a cross-sectional study in a tertiary referral setting	British Journal of Dermatology
2016	Usefulness of the SF-36 Health Survey in screening for depressive and anxiety disorders in rheumatoid arthritis	BMC Musculoskeletal Disorders
2016	Improving distress in dialysis (iDiD): a feasibility two-arm parallel randomised controlled trial of an online cognitive behavioural therapy intervention with and without therapist-led telephone support for psychological distress in patients undergoing haemodialysis	BMJ Open Journal
2016	Liver Transplantation and Adolescence: The Role of Mental Health	Liver Transplantation Journal

Research 2016 (cont'd) to 2019

Publ. Title	Link
2016 Depression in patients with chronic pain attending a specialised pain treatment centre: prevalence and impact on health care costs	Pain
2017 Smoking and common mental disorders in patients with chronic conditions: An analysis of data collected via a web-based screening system	General Hospital Psychiatry
2017 Tailored online cognitive behavioural therapy with or without therapist support calls to target psychological distress in adults receiving haemodialysis: A feasibility randomised controlled trial	Journal of Psychosomatic Research
2017 Screening for psychological distress using the Patient Health Questionnaire Anxiety and Depression Scale (PHQ-ADS): Initial validation of structural validity in dialysis patients	General Hospital Psychiatry
2017 Integration of mental health screening in the management of patients with temporomandibular disorders	British Journal of Oral and Maxillofacial Surgery
2018 A focus on the Brief Illness Perception Questionnaire (BIPQ) and assessing if this is an acceptable and consistent tool for use in Hidradenitis suppurativa (HS).	British Journal of Dermatology
2018 The psychosocial impact of orofacial pain in trigeminal neuralgia patients: a systematic review	International Journal of Oral and Maxillofacial Surgery
2018 Integrating Mental & Physical healthcare – the importance of patient voice in guiding healthcare priorities and research	
2019 Changing face of orofacial pain: The diagnostic impact of working with Neurology on an orofacial pain clinic	International Journal of Oral and Maxillofacial Surgery
2019 A high prevalence of chronic gastrointestinal symptoms in adults with cystic fibrosis is detected using tools already validated in other GI disorders	United European Gastroenterology Journal
2019 Comparison of the Neuropathic Pain Symptoms and Psychosocial Impacts of Trigeminal Neuralgia and Painful Posttraumatic Trigeminal Neuropathy	Journal of Oral & Facial Pain and Headache

Research 2020 to 2023

Publ.	Title	Journal
2020	Integrating mental and physical health assessment in neuro-otology: feasibility, acceptability and the prevalence of common mental disorder	Clinical Medicine Journal
2020	The differential impact of neuropathic, musculoskeletal and neurovascular orofacial pain on psychosocial function	Journal of Oral Pathology and Medicine
2021	The effectiveness of the Guy's Rapid Diagnostic Clinic (RDC) in detecting cancer and serious conditions in vague symptom patients	British Journal of Cancer
2021	Association of Patient Mental Health Status With the Level of Agreement Between Patient and Physician Ratings of Psoriasis Severity	JAMA Dermatology
2021	Real-time screening tool for identifying post-traumatic stress disorder in facial trauma patients in a UK maxillofacial trauma clinic	International Journal of Oral and Maxillofacial Surgery
2021	Catastrophising, pain self-efficacy and acceptance in patients with Burning Mouth Syndrome	Journal of Oral Rehabilitation
2021	Outcomes of adults who received liver transplant as young children	eClinical Medicine. Part of The Lancet Discovery Science
2022	The importance of illness severity and multimorbidity in the association between mental health and body weight in psoriasis: Cross-sectional and longitudinal analysis	Current Medical Research and Opinion
2022	Healthcare utilization and costs in chronic cough	Diabetes Care
2022	Symptoms of anxiety and depression are independently associated with impaired awareness of hypoglycemia in type 1 diabetes	British Journal of Cancer

Conference Abstracts

Year	Title	Conference
2018	<u>Through The Looking Glass - Electronic Screening For Mental Health Disorders In Orthognathic Patients</u>	24th Congress of the European Association for Cranio Maxillo Facial Surgery
2018	Integrating mental and physical healthcare in patients with long-term physical health conditions	Epidemiology and Social Psychiatry Conference
2018	<u>Integrating Mental & Physical healthcare – the importance of patient voice in guiding healthcare priorities and research</u>	HERON Conference
2021	<u>Identification of comorbidities such as anxiety and depression using screening questionnaires in patients with idiopathic pulmonary fibrosis</u>	British Thoracic Society Winter Meeting (P152)
2023	<u>The Association of Resilience With Psychosocial Outcomes in Teenagers and Young Adults With Cancer</u>	Journal of Adolescent and Young Adult Oncology
2022	<u>Electronic patient questionnaires assessing mental wellbeing in patients with sclerosing cholangitis</u>	British Association for the Study of the Liver Annual Meeting
2022	<u>Integrating Mental Health Assessment into Clinical Care for Patients with Sclerosing Cholangitis</u>	American Association for the Study of Liver Diseases Liver Meeting (item 4723)

The IMPARTS Team, past and present

Name	Role
Christine Andrews	Patient Experience
Aymie Backler	IMPARTS Course Administrator
Gabriella Bergin-Cartwright	Research Assistant
Jacqueline Black	Patient Experience
Bianca Blake	Patient Experience
Francesca Brightey-Gibbons	Assistant Project Manager
Sanchika Campbell	IMPARTS Research Worker
Katie Cooke	Assistant Project Manager
Clare Cooper	Psychologist
Becka Cox	Patient Experience
Andrew Downes	Patient Experience
David Del'Nero	Patient Experience
Candice Ebelthite	Project Manager
Christopher Fassnidge	Research Assistant
Sorena Francis	Patient Experience
Simron Gill	Project Support
Zac Hana	Patient Experience
Jane Hutton	Psychologist
Simone Jayakumar	Research Assistant
Hannah Jones	Research Assistant
Melek Kerim	Patient Experience
Grace Lavelle	Research Fellow
Shirlee MacCrimmon	Technical Support
Anton Manickman	Patient Experience
Sarah Markham	Patient Experience
Faith Matcham	Research Assistant
Jessie McCulloch	Programme Manager
Jemima Onih	Data and Research Assistant
Maeve O'Connor	Research Worker
Daniel O'Toole	Psychologist
Gautam Pal	Data Developer
Martin Parsons	Psychologist
Lauren Rayner	Lecturer in Integrating Mental and Physical Healthcare
Alistair Rice	Statistician
Jenni Rodgers	Patient Experience
Mike Rogers	Patient Experience
Hannah Rowlands	Research Assistant
Hugh Scott	Developer
Anna Simpson	Development Lead
Josephine (Josie) Tapper	Patient Experience
Tutiette Thomas	Patient Experience
Erin Walker	Patient Experience
Kate Wilkins	Patient Experience
