

**Judi Meadows Memorial Fund**  
**Tender specification for research programme(s)**  
**June 2010**

**Introduction**

The Judi Meadows Memorial Fund (JMMF) exists to save lives that are threatened by suicide. The Fund was established by the family of Judi Meadows after she took her life in 2009. The Fund's objectives are to:

- Raise funds
- Promote and carry out research
- Build awareness and share information
- Improve policy and practice
- Provide support to those affected by depression and their families and friends

Further information is provided at [www.judimeadows.com](http://www.judimeadows.com)

JMMF has raised monies and is now seeking to issue a grant to a researcher(s) and is seeking proposals. This specification outlines the requirements for interested parties.

**What is the desired research focus?**

JMMF wants to support research that is directly relevant to the personal experience of Judi Meadows. Judi was 61 years old and had experienced three episodes of depression in the last 10 years managed through contact with her general practitioner. She took her life after she developed tinnitus alongside depression in 2009. Applications that address one or more of the following key areas are therefore particularly welcomed:

- Depression
- Tinnitus
- Suicide, including for example the risk factors.
- The management of these conditions within primary care

The family of Judi Meadows are seeking to effect the greatest change in the areas that affected Judi through the use of research as a platform for increased understanding and interventions. A number of key questions and some suggested areas for studies have arisen in the discussions the family have had with a number of clinical and research professionals over the past year in preparing this tender specification. These are provided as Appendix 1 to provide an indication of our current areas of interest and to act as a potential 'springboard'. This list is non-exhaustive and proposals do not need to restrict themselves to these areas.

In addition, JMMF is particularly interested to support emerging research which to

date has not received large scale funding. It is hoped that by offering 'pump-priming'/catalyst funding it will help bring a spotlight to the research topic, approach and/or research team such that other funders will support larger scaled activities.

At the request of the family of Judi Meadows, Dr Elizabeth Barley of the Institute of Psychiatry kindly undertook a 'quick' non-systematic literature review on tinnitus. This is provided as Appendix 2. Please note it is not a definitive description of the available literature.

### **What we will fund**

- The research must investigate one or more areas which affected Judi Meadows – depression, suicide, tinnitus and the management of mental illness in general practice.
- The family are particularly interested in research addressing depression and tinnitus as this seems to be an under investigated area (see Appendix 2)
- The research should ensure it does not replicate existing programmes of study, but instead compliment other investigations or demonstrate why pilot work is important as a springboard to a larger scale research programme
- Research which includes the active involvement of service users and/or carers are particularly welcomed

### **Who we will fund**

- The researcher(s) must have an interest in, and track record of, using research to influence policy and practice and be able to demonstrate how this research may be able to effect wider change
- It is desirable that researcher(s) has the intention to use this study to undertake additional programmes of research on the topic area.
- Applications from Phd students are invited. Please ensure full details of the project supervisor are included.

### **What we will not fund**

- Research proposals in which JMMF is not the major funder (i.e. JMMF should contribute at least 50% of the total funding budget)
- The fund can not provide full cost recovery.
- Researchers without a university affiliation.

## **Timeframe**

The research must be completed by June 2012.

## **Funding budget**

A maximum of £100,000 is available for this current tender. Multiple grants of smaller amounts up to a total of £100,000 may be made (minimum value £10,000).

A detailed project budget and full justification must be submitted with the application.

JMMF will fund reasonable pay and non-pay costs that are commensurate with the objectives and scale of the research proposal.

JMMF will make a contribution to institutional overheads of up to 10% of the pay costs included in the application

## **Core requirements of the researcher(s)**

The lead researcher of successful applications will be expected to:

- Attend an initial meeting with JMMF where the study focus and reporting requirements are agreed.
- Provide interim reports for JMMF – agreed timescale at set up meeting but likely to be at 6-monthly intervals
- Follow local research governance requirements of academic institution including obtaining ethical review prior to study commencing
- Attend annually the JMMF charity trustee meeting to present a study update
- On the completion of the research to provide an easy to read Executive Summary for public circulation
- Undertake promotion work with JMMF to help to deliver policy and practice change (findings dependent)

## **Intellectual ownership**

Authors will retain intellectual ownership of the work and will be credited as such. However, the material may be used by JMMF in its development work and posted on the JMMF website (as agreed with the researchers). If authors intend to publish work resulting from this commission, they must acknowledge JMMF funding.

## **Application Procedure**

Tender specifications will be approved on a competitive basis by a group nominated by JMMF.

The application will take the form of an **Expression of Interest letter and a full proposal** which will consist of:-

### **Expression of interest letter:**

- A lay summary detailing the proposed research including a description of the types of participants, research questions and research methods (300 words)
- A statement describing why there is a need for the research (100 words)
- A brief outline of the likely policy implications of the research (150 words)
- An explanation of why/how this research may lead to obtaining future funding (100 words)

### **A full project proposal (maximum 10 sides of A4 12 font Arial) including information on:**

- Aims and objectives
- Background literature
- Justification of need for this study including policy relevance
- Proposed methodology – study design, recruitment strategy, analysis plan
- Future plans to develop this area of work
- Service user involvement
- Timetable and plan of investigation
- Project management
- Team expertise
- A detailed breakdown of the budget required and budget justification
- A description of the proposed membership of the research group to include:-  
(i) full CV of the proposed convenor; (ii) brief C.V.s of other participating researchers.

All applications will be reviewed by the JMMF and their expert advisors. Short listed applications will be sent for peer review. A tender board will assess the reviewed proposals by 1<sup>st</sup> October 2010 on the basis for quality, relevance, value for money and added value alongside peer review feedback. The contact for the successful tender will be notified by end of October 2010. The project must commence within 6 months of the grant award letter.

**If you are interested in this call for proposals please submit your expression of interest application to the Judi Meadows Memorial Fund at [info@judimeadows.com](mailto:info@judimeadows.com) by Friday 30 July 2010.**

**If you have any questions please contact Amy Meadows on [info@judimeadows.com](mailto:info@judimeadows.com) or ring 07855 868555.**

## Appendix 1

The family of Judi Meadows have a number of key questions. These are outlined to provide an indication of our current areas of interest. Proposals do not need to restrict themselves to these areas.

- Can depression trigger tinnitus?
- What is an effective treatment for people with depression and tinnitus?
- Do GPs have the knowledge, skills, confidence and tools to identify people at risk of suicide?
- Does the menopause present a heightened risk for developing depression?
- Can anti-depressants trigger tinnitus?
- How can people with cyclical depression be effectively managed – during periods of wellness as well as illness?
- How can suicide be better prevented?

Our preliminary research has led us to identify that the following types of research may be useful:

- Review of the GP Research Framework Database (GPRF database) to explore the relationship between depression and tinnitus and the outcomes for patients of dual conditions
- Investigation of the knowledge and practice of assessing suicide risk in primary care (GPs).
- A qualitative study of the experiences of people living with depression and tinnitus.
- A qualitative study amongst the family and friends of people who have taken their own lives to determine personal assessments of causality

The above list is non-exhaustive and does not preclude other topics.

## Appendix 2

### Tinnitus

**Executive summary of non-systematic literature review by Dr Elizabeth Barley,  
Institute of Psychiatry,  
October 2009**

#### Executive Summary

Tinnitus is ‘the perception of sound in the absence of external acoustic stimulation’ (Phillips and McFerran 2008). This work focuses on subjective idiopathic tinnitus in adults, that is, tinnitus that is not associated with another physiological condition. Simple searches were conducted to find guideline (UK-Guideline Finder), systematic review (Cochrane Library, Clinical Evidence) and primary research (Medline) evidence concerning:

- the association between tinnitus and psychological distress
- the association between tinnitus and suicide
- the measurement of distress associated with tinnitus
- the management of tinnitus
- the management of tinnitus in primary care

Overall it was found that:

- Subjective idiopathic tinnitus appears common, but only a minority of sufferers report severe impact on their lives.
- There appears to be an established link between tinnitus impact and depression.
- There is limited research concerning the link between suicide and tinnitus; a review of 3 papers suggests that most tinnitus patients who commit suicide may have an existing psychiatric disorder, especially depression.
- There appears to be no qualitative research looking at either patients’ or clinicians’ experience.
- An improved measure of tinnitus impact or coping may be useful.
- There are several management options, but for many there is insufficient evidence to determine their effectiveness. CBT has been found to be effective in improving QOL in tinnitus; antidepressants have been found to improve depression in people with tinnitus.
- There is a lack of research concerning the management of tinnitus (and associated mood disorders) in primary care.

#### Conclusion

Given that primary care is a tinnitus sufferer’s first point of call, that there exists a range of management options, and that a Department of Health guideline (2009) suggests that there is scope for development of the management of tinnitus in primary care, investigation GPs’ and practice nurses’ knowledge and current experience of managing depression would be useful.