

# Feeling Safer: a guided online programme for the treatment of severe paranoia

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27/02/2024	Recruiting	<input checked="" type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
28/02/2024	Ongoing	<input type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
23/01/2026	Mental and Behavioural Disorders	<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Persecutory delusions (inaccurate beliefs that others intend to harm you) (e.g. "MI5 and the police are trying to torture me" "My neighbours are out to get me and are spreading nasty gossip") are very common in severe mental health disorders such as schizophrenia. People withdraw from everyday life. This seriously affects their mental and physical health.

Existing treatments often don't work well enough. In the UK 150,000 NHS patients experience these distressing thoughts despite treatment. This is why the Feeling Safe programme has been developed. It is the outcome of 15 years of research and clinical practice. Feeling Safe was recently tested in a clinical trial with 130 patients with persistent persecutory delusions. The treatment was delivered by clinical psychologists over 20 sessions. Half of people achieved large benefits. Another quarter made moderate gains. These results provide great cause for optimism in the treatment of delusions.

The challenge now is to make Feeling Safe widely available. So, the study team have created a 6-month guided online version that users can access whenever they choose via smartphone /computer/or tablet. A range of mental health workers can support the delivery of the treatment over 6 months (both remotely and face-to-face). Six face-to-face sessions will be reserved for a key task: going out with patients into everyday situations to relearn safety. The new programme is called Feeling Safer.

By providing Feeling Safe in an accessible version for use across the NHS, the aim is to achieve substantially improved outcomes for the large number of people with persecutory delusions who have not responded sufficiently to current treatment. The study team now wish to assess the effectiveness of Feeling Safer. There is an initial cohort study of Feeling Safer, and then the main clinical trial that this trial registration confirms.

### Who can participate?

Patients (aged 16 years or older) with persecutory delusions in the context of a diagnosis of psychosis attending NHS mental health services.

### What does the study involve?

Participants will complete a set of questionnaires at baseline. Participants will then be randomly allocated to one of four groups. Three groups will receive Feeling Safer supported by either a peer support worker, graduate mental health worker, or CBT therapist, in addition to their usual

care. The fourth group will continue to receive their usual care. All groups will then complete another set of questionnaires after 3, 6 and 9 months. Whether a person has Feeling Safer will be randomly decided by a computer (rather like flipping a coin).

**What are the possible risks and benefits of participating?**

The study team hope that using Feeling Safer will help people feel safer, happier, and to be more active. The research aims to find out whether this is the case. The study team do not anticipate any major risks from taking part. People can stop using the Feeling Safer programme if they wish. If the assessments are experienced as upsetting then it is possible to reduce the number of these or stop.

**Where is the study run from?**

University of Oxford (UK)

**When is the study starting and how long is it expected to run for?**

August 2023 to May 2027

**Who is funding the study?**

National Institute for Health and Care Research (NIHR) (UK) (NIHR PGFAR NIHR204013)

**Who is the main contact?**

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2. Dr Laina Rosebrock, [laina.rosebrock@psy.ox.ac.uk](mailto:laina.rosebrock@psy.ox.ac.uk)

## Contact information

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Scientific, Principal investigator

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## Additional identifiers

**Clinical Trials Information System (CTIS)**

Nil known

**Integrated Research Application System (IRAS)**

330744

**ClinicalTrials.gov (NCT)**

Nil known

**Central Portfolio Management System (CPMS)**

57021

## Study information

## **Scientific Title**

Feeling Safer: a cohort study and a randomised controlled trial of a guided online programme for the treatment of persecutory delusions

## **Study objectives**

For patients with persistent persecutory delusions in the context of a psychosis diagnosis can Feeling Safer, added to treatment as usual, delivered by either peer support workers, graduate mental health workers, or CBT therapists, compared to treatment as usual, reduce persecutory delusions? The primary time-point is 6 months (post-therapy). This is the study hypothesis for the main randomised controlled trial (RCT) test of Feeling Safer.

## **Ethics approval required**

Ethics approval required

## **Ethics approval(s)**

approved 24/11/2023, London - Harrow Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)207 1048 154; harrow.rec@hra.nhs.uk), ref: 23/LO/0951

## **Study design**

Multi-centre four-arm single-blind interventional randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Psychosis with a current persecutory delusion

## **Interventions**

Participants will be patients (aged 16 years or older) with persecutory delusions in the context of a diagnosis of psychosis attending NHS mental health services. Participants will be randomised to one of four conditions: Feeling Safer (added to standard care) supported by peer support workers, or graduate mental health workers, or CBT therapists, or standard care. Randomisation will use a permuted blocks algorithm, with randomly varying block sizes, stratified by centre.

The treatment being tested is Feeling Safer, which is a guided online programme recommended for adults (16 years or older) attending psychosis services who have a persecutory delusion. It is a cognitive-behavioural intervention, developed from Feeling Safe, and delivery is supported by a mental health staff member. The goal of the treatment is to reduce persecutory delusions.

There is an introductory module providing information about the programme and animations of patient accounts. Patients then complete an assessment for the programme to provide the relevant treatment modules for them (e.g. improving sleep, increasing self-confidence, reducing worry) i.e. the intervention is personalised. The patient then works through each module before going on to the next relevant module. There are up to ten modules. Each module is broken down into many 10-20-minute sections for the person to complete. There are then tasks to complete offline. Throughout there are regular assessments, with information on progress fed back to the

user. Information is conveyed by voice and text, animations, and videos. There is a diary reminder section. There is also a section for people when they are having a particularly difficult day and would not want to complete a section of a module. It is expected for patients to log in two or three times a week.

Regular check-ins, typically weekly, are expected with the mental health staff member. These are conducted remotely (e.g. telephone or video call). There are in-person sessions, which are typically focussed on the staff member assisting the person in getting back into everyday activities. The level of staff support can be tailored to a patient's needs. The staff-supported provision of Feeling Safer is provided over 6 months. Patients can still have access to the programme after this period but without the staff support. If a patient does not have a suitable device to access Feeling Safer then this is provided for them.

## **Intervention Type**

Other

## **Primary outcome(s)**

Severity of persecutory delusion measured by the Psychotic Symptoms Rating Scale (PSYRATS) at baseline, 3, 6, and 9 months. The primary endpoint is 6 months.

## **Key secondary outcome(s)**

1. Depression measured using Patient Health Questionnaire-9 (PHQ-9) at baseline, 6 and 9 months
2. Anxiety measured using Generalised Anxiety Disorder Assessment (GAD-7) at baseline, 6 and 9 months
3. Insomnia measured using the Insomnia Severity Index at baseline, 6 and 9 months
4. Agoraphobia measured using the Oxford Agoraphobic Avoidance Scale at baseline, 6 and 9 months
5. Paranoia measured using the Revised Green et al Paranoid Thoughts Scale at baseline, 6 and 9 months
6. Psychological well-being measured using the Warwick-Edinburgh Mental Well-being Scale at baseline, 6 and 9 months
7. Personal recovery measured using the Process of Recovery Questionnaire at baseline, 6 and 9 months
8. Meaningful activity measured using time budget at baseline, 6 and 9 months
9. Quality of life measured using EQ-5D-L and ReQol at baseline, 6 and 9 months

## **Completion date**

01/05/2027

# **Eligibility**

## **Key inclusion criteria**

1. Participant is willing and able to give informed consent for participation in the trial
2. Aged 16 years or older
3. Attending NHS mental health services for the treatment of psychosis
4. Persistent (at least 3 months) persecutory delusion (as defined by Freeman & Garety, 2000), held with at least 50% conviction
5. No planned significant medication changes at the outset of participation

## **Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Lower age limit**

16 years

**Upper age limit**

100 years

**Sex**

All

**Total final enrolment**

0

**Key exclusion criteria**

1. A primary diagnosis of another mental health condition (e.g. substance use disorder) that would be the first clinical priority to treat
2. Current engagement in any other intensive individual psychological therapy or a significant change in medication.
3. In forensic settings or Psychiatric Intensive Care Unit (PICU)
4. Command of spoken English inadequate for engaging in the therapy
5. Significant learning difficulties that would prevent the completion of assessments or the therapy
6. A participant may also not enter the trial if there is another factor (for example, current active suicidal plans that need to be the focus of intervention), which, in the judgement of the investigator, would preclude the participant from providing informed consent or from safely engaging with the trial procedures

**Date of first enrolment**

25/11/2024

**Date of final enrolment**

30/11/2026

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Oxford Health NHS Foundation Trust**

Warneford Hospital  
Warneford Lane  
Headington  
Oxford  
England  
OX3 7JH

**Study participating centre**

**Berkshire Healthcare NHS Trust Headquarters**

Skimped Hill Lane  
Bracknell  
England  
RG12 1LH

**Study participating centre**

**Northamptonshire Healthcare NHS Foundation Trust**

St Marys Hospital  
77 London Road  
Kettering  
England  
NN15 7PW

**Study participating centre**

**Central and North West London NHS Foundation Trust**

Trust Headquarters  
350 Euston Road  
Regents PLACE  
London  
England  
NW1 3AX

**Study participating centre**

**Avon and Wiltshire Mental Health Partnership NHS Trust**

Bath NHS House  
Newbridge Hill  
Bath  
England  
BA1 3QE

**Study participating centre**

**Coventry and Warwickshire Partnership NHS Trust**

Wayside House  
Wilsons Lane  
Coventry  
England  
CV6 6NY

**Study participating centre**

**Greater Manchester Mental Health NHS Foundation Trust**

Prestwich Hospital  
Bury New Road  
Prestwich  
Manchester  
England  
M25 3BL

**Study participating centre**

**Pennine Care NHS Trust**

225 Old Street  
Ashton-under-lyne  
England  
OL6 7SR

**Study participating centre**

**Tees, Esk & Wear Valley NHS Trust**

West Park Hospital  
Edward Pease Way  
Darlington  
England  
DL2 2TS

**Study participating centre**

**Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust**

St. Nicholas Hospital  
Jubilee Road  
Gosforth  
Newcastle upon Tyne  
England  
NE3 3XT

**Study participating centre**

National Virtual Clinic

-  
-  
England  
-

## Sponsor information

### Organisation

University of Oxford

### ROR

<https://ror.org/052gg0110>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health and Care Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

Requests - accompanied by a study summary - for sharing of de-identified data will be considered by the Chief Investigator (daniel.freeman@psy.ox.ac.uk) and team. The intent is to

share data for reasonable requests. Data will be made available to external researchers subject to the constraints of the consent under which data were collected, with an appropriate data sharing agreement, and after publication of the main study report.

## IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>		06/06/2025	09/06/2025	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes