

MH-ALL Celebration Event

SEPT. 17TH 2024

We're *searching*
for better mental health
for all.

Posters

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Introduction

You will find 21 different examples of MH-ALL activities displayed throughout the venue. Below we include a list of the posters by category.

MH-ALL internships – these posters have been created by some of our 14 MH-ALL interns. The internships were offered to people working in mental health roles who had little or no research experience. Our interns were able to spend 1-2 days a week for 6-12 months working with researchers in an existing research project. These posters give you some idea of the projects they worked with, the activities that they undertook and the impact it had on them and their careers.

MH-ALL career development fellows – our career development fellows joined the MH-ALL programme for between 3 and 12 months. Successful applicants were mental health professionals with some research experience who did not yet have a PhD and were supported for 1-2 days a week to develop their research skills, ideas and applications for further study and/or funding.

MH-ALL springboard awardees – our springboard grants were awarded to individuals who were already active in research and needed support to disseminate the findings of completed research, move research to the next stage or develop a new research idea. Priority was given to applicants working with underserved groups.

MH-ALL programme posters provide further details about the activities of the programme as whole and our patient, public involvement and engagement work.

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Supporting adolescents who self-harm: an MH-ALL research internship



Background

I am a child and adolescent mental health service (CAMHS) clinician with a background in child protection social work. My interest in research began in 2023 when I was studying for a postgraduate diploma in child and adolescent mental health. A focus of the course was developing students into research practitioners with a good understanding of the evidence base for the therapies we were learning. Once I finished this work and began working in clinical practice in a CAMHS service, I found I missed the research element of my studies. To that end I began searching how to become involved in research within the NHS and I came across the NIHR funded MH-ALL internship opportunity.

During the MH-ALL internship

When I was offered the internship position, I was pleased to be consulted on which type of study I would like to be involved in. I opted for the Supporting Adolescents with Self-Harm (SASH) Project which aligned closely to my skills, experience and passion for adolescent mental health. SASH is exploring the use of a novel intervention - involving an enhanced safety plan and a series of brief solution-focussed sessions – for young people aged 12– 18 who have presented to Emergency Departments with self-harm and suicidal ideation.

From my first day working on this study, I was offered responsibility and the opportunity to make contributions, both through delivering the intervention and in research tasks. I have since become involved in interviewing participants to the study, analysing data gathered through standardised forms and screening and approaching potential participants to the study. I have had the opportunity to attend conferences and discuss the work of the SASH study. I have learned about the practicalities (and difficulties!) of carrying out research over multiple NHS sites. I have gained the Good Clinical Practice certificate meaning I can be added to the log of people working on this study. I have developed connections with researchers and practitioners on the study who have become friends and colleagues who I can rely on for advice and guidance. Ultimately, I have confirmed that research is a field I want to work in and I would not have been able to fully know this without the opportunity of the MH-ALL internship.

Next Steps

I have valued my time on the SASH study so much and I was pleased to be offered a position on the research team when my internship ended. In addition to this, I was supported while on the internship to apply for funded opportunities for further study. In September this year I am going to be, alongside working on the study, undertaking a masters in clinical research funded by the NIHR INSIGHT programme. It is my hope that by further developing clinical research skills on this masters, I will be in a strong position to apply for PhD funding in the near future. I was also encouraged while on the internship to develop connections with other researchers and to that end, I joined a forum of young researchers coordinated by World Health Organisation (WHO). I have secured some research funding to carry out a literature review for WHO and I will be presenting the findings of that research to the WHO European Centre of Excellence for Quality of Care and Patient Safety in Thessaloniki.

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This poster describes internship activities funded by the National Institute for Health and Care Research ARC North Thames. The views expressed in this poster are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.



MH-ALL Research Internship

Trauma Pathway: Complex trauma survivor's experiences

Introduction

I started my MH-ALL internship at City, University of London Trauma-Pathway Programme-Complex Trauma Survivors, in September 2023.

The main focus of the research was to examine the experiences of complex trauma survivors as they sought mental health support across various services and settings. The team aimed to synthesise the facilitators and barriers faced by adult survivors of complex trauma in their help-seeking efforts.

Learning Objectives

Understand help-seeking behaviours: Identify how complex trauma survivors seek mental health support across different services and settings.

Compare support services: analyse the differences in the types of mental health services accessed by complex trauma survivors.

Recognising common barriers faced by complex trauma survivors in accessing mental health support.



Responsibilities

During the internship, my major responsibilities included collecting, extracting, and analysing data related to complex trauma survivors. I engaged in discussions and reviewed journals to deepen my understanding of the subject.

Additionally, I participated in training sessions on research methodologies, learning how to produce and present research findings effectively.

Conclusions

As a Peer Coach, this internship has significantly expanded my perspectives on supporting clients. The knowledge I gained has increased my confidence in applying effective strategies and guiding my clients on their path to recovery. This opportunity introduced me to research methodologies that are essential for understanding our organisation's strengths and needs. Further research and political action are required to address and destigmatize complex trauma.

Author: Jacqueline Howell, MH-ALL Research Intern / Peer Coach/ Camden & Islington NHS Foundation Trust

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Acknowledgements: Prof. Jacqueline Sin (internship supervisor), my colleague Sabrina Desai, my manager Cerdic Hall and the UCL Partners Mental Health Team.

Mental Health Research for All Internship



Project Title

Developing and evaluating a new care pathway to improve outcomes for people with complex trauma (PATHWAY): mixed method development work leading to a programme of applied research.

October 2023 to April 2024 at City, University of London

Learning and Responsibilities

Conducting a systematic review, quality assessment, critically evaluating research, pitching research ideas, extracting data for qualitative research and presenting findings as a team. Learning the importance of PPIE and lived experiences; how it can enrich research and have wider implications. Various trainings to learn about developing research ideas, funding opportunities and using software available to help with data extraction. Attending research center meetings fortnightly to hear about people's research ideas, ongoing research, open discussions to share feedback and think analytically.

Critical Reflections

This opportunity has helped me develop and explore my interest in research. The training and support available has enhanced my knowledge and skills in conducting, analysing and evaluating research. It has instilled a greater sense of confidence.

Networking with other fellow researchers and professionals has been insightful. It's allowed me to find time to explore research training and opportunities available both at work and outside of work.

Working towards a publication as a team, has been incredibly rewarding. I have learnt the importance and benefits of bridging the gap between working as a professional in a clinical setting and conducting research that can lead to both positive and practical change for all; patients and staff.

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MH-ALL Research Internship Project: Youth participation in secondary schools to promote mental health and wellbeing

Background

Participation in the MH-ALL Research Internship working with UCLPartners provided opportunities for learning about mental health research in young people. UCLPartners worked closely with Havering Council to deliver the Havering Youth Wellbeing Census using the #BeeWell survey in summer 2023. Youth participation activities were conducted in secondary schools to shape survey questions about youth wellbeing. Following the census, an exploratory review was conducted as part of the internship to investigate the use of youth participation in secondary schools to promote mental health and wellbeing and the impact that the census has had on this.

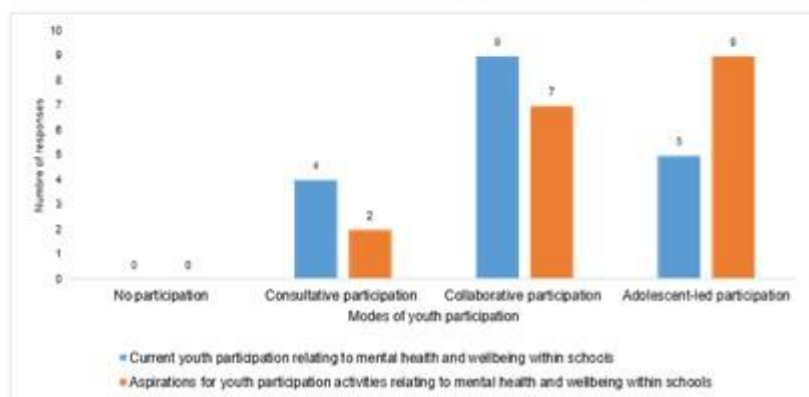
Methods

A mixed-methods approach consisting of a survey and semi-structured in-depth interviews was used to conduct the exploratory review. The survey was used to collect initial data about youth participation in secondary schools. This data was used to inform the questions asked during the semi-structured interviews with school staff and professionals who work closely with schools. Questions for the review incorporated the principles of the Lundy Model of Participation and the UNICEF Framework for Adolescent Participation (1,2).

Results

44% (n=8) of secondary schools in Havering engaged with the review. It was found that there are various youth participation activities taking place in secondary schools (see Figure 1). The delivery of youth participation is influenced by factors such as staff capacity, support from senior leadership teams and active engagement from specific groups of young people. At the time of the review, subsequent youth participation related to the Havering Youth Wellbeing Census was limited.

Figure 1: Responses to survey questions about current youth participation and additional (aspirations) for youth participation using the UNICEF Framework for Adolescent Participation



Conclusion and recommendations

This project provided insight about the factors that influence youth participation related to mental health and wellbeing in secondary schools in Havering. Examples of good practice were identified and shared with secondary schools and local service leads. It is recommended that local authority staff and community services provide additional support to schools to enhance youth participation. This includes support for future waves of the Havering Youth Wellbeing Census.

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Acknowledgements: Dr Nirandee Rehill (internship supervisor) and other colleagues in the UCLPartners Mental Health Team.

1. Lundy, L. (2007), 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33: 927-942. <https://doi.org/10.1080/01411920701657033>
2. UNICEF. Conceptual Framework for Measuring Outcomes of Adolescent Participation. [Online] 2018. [Cited: August 20, 2024.] <https://www.unicef.org/media/59006/file>

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The use of Animal-Assisted Therapy (AAT) in children and adolescents diagnosed with neurodiversity in mental health services



Background

My interest in research is informed by and grounded in my practice. Since qualifying in Mental Health Nursing in 2016 I have developed extensive clinical experience in a broad range of young people's mental health settings which include, inpatient, community Child and Adolescent Mental Health Service and currently in the Mental Health Support Team. This practice has helped me realise that young people do not always recover well in a "one size fits all" approach, grounding my interest in exploring and testing creative ways of delivering interventions to engage and support the young people who most struggle to access services.

In the past 4 years, I have developed a fervent interest in research, to improve the quality and the range of mental health services provided for underserved youth. During this period, I conducted an award-winning service evaluation, resulting in one of UK's first publications in Animal Assisted Interventions (AAI), won an NHS NELFT Make A Difference Award: Improvement to services, was invited to present at the 2024 Mental Health Nursing Academic conference, and was awarded the NIHR Career development fellowship.

"Exploring the effect of a therapy dog in a group for young people experiencing anxiety"



During the MH-ALL fellowship

I focused on refining my research skills and knowledge during my protected fellowship day. The three key areas of work in my fellowship have been: completing introductory research training packages, developing my practices for meaningful public and patient involvement and engagement to host a knowledge exchange and scoping event, and creating a network of mentors and critical friends to support my research journey. I have also attended various research events and presented at PPIE events, where I shared my research journey.

In February 2024 I was supported to host a Stakeholder Research Scoping Event, where I connected fellow researchers, clinicians using or interested in using animals in therapy, parents and young people with lived experience of AAI. One of the main topics from the event, was about the use of AAT for young people with ASD/ADHD. The young people, who have a diagnosis of autism spectrum disorder and/or attention deficit hyperactivity disorder, shared when comparing the therapies they have had, that with AAT it was **easier to build a rapport** with the therapist and **talk in sessions** as the attention was not always on them, having the animal in therapy could be **used as a distraction or break in discussion when needed**, and it helped them **to attend regular sessions** and they **looked forward to the therapy**. The findings of the event have been written in collaboration with colleagues, researchers and the young people from the event. This will be then submitted for publication.



Next Steps

"Nursing Paths in research: therapy dogs in CAMHS"

The MH-ALL fellowship has allowed me to become more confident in research and allowed me to have opportunities to network and present my journey. This has led to building a support team for applying for the NIHR Pre-Doctoral Clinical and Practitioner Academic Fellowship (PCAF). This will provide me with support to grow my knowledge of research further and to lead onto the NIHR Doctoral Clinical and Practitioner Academic Fellowship (DCAF).

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Moral injury (MI) experiences in health and social care workers (HSCWs) from minority ethnic backgrounds

MH-ALL Career Development Fellowship

BACKGROUND

- ❑ I am employed in the third sector by a mental health charity, I have 18 years' worth of experience as a workplace advocate, representing needs and rights of employees with SMI at risk of losing employment due to MH presentation.
- ❑ The COVID-19 pandemic placed extraordinary stress on healthcare systems, pushing HSCWs to their limits (Denham et al, 2023).
- ❑ These pressures increased the risk of moral injury in HSCWs, a concept defined as psychological distress arising from actions that conflict with personal ethical standards (Lamb et al, 2022).
- ❑ Minority ethnic HSCWs faced disproportionate impacts in part linked to structural racism, increasing risk of the MI (Qureshi et al., 2022).

RESEARCH QUESTIONS



WORK PACKAGES



Systematic review &

Scoping review (assess feasibility of co-producing resource using PAR to make MI research more inclusive)

Thematic analysis of secondary interview data

Quantitative analysis of secondary data to capture trends and prevalence of MI

Semi structured interviews with HSCWs with MI experiences

How does experiences of moral injury and distress impact the mental health of minority ethnic HSCWs with lived experience of mental ill health?

What factors influence minority ethnic HSCWs' participation in moral injury research, and how can moral injury research, including methodological approaches, be made more inclusive?

How do racial inequalities and discrimination within health and social care systems shape experiences of moral injury?

WHY THIS PROJECT IS BEING PROPOSED

- ❑ Urgent need to address disparities affecting the health/ employment outcomes of minority ethnic HSCWs (Rhead et al, 2024).
- ❑ Pressing need for MI research to be more inclusive of diverse communities / voices (Maguen & Griffin, 2022).
- ❑ Investigating the role of race in MI experiences is crucial for addressing systemic injustices (Phoenix Australia – Centre for Posttraumatic Mental Health, 2020).
- ❑ This research aims to provide actionable recommendations to help inform interventions that can help to promote recovery and healing among HSCWs impacted by adverse outcomes.

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My experience as a pharmacist in mental health research

Mental Health Research for ALL Career Development Fellowship

Learning Objectives

The aims of the MH-ALL fellowship were to:
Gain experience of working in a research setting
Develop research skills and knowledge
Develop a research network with other academics and clinical researchers with similar interests
Develop research ideas/protocol
Develop an application to apply to clinical fellowship programmes



<https://www.challengingbehaviour.org.uk/wp-content/uploads/2021/02/Home-1.jpg>

Introduction

I work as a specialist clinical Child and Adolescent Mental Health (CAMHS) pharmacist in the NHS. The role is based within the neurodevelopmental team and involves working with families, children and adolescents (up to 17 years and 11 months). My clinical remit as an advanced clinical practitioner, is providing care to children with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and Intellectual Disability (ID).

Research shows that ASD has a high occurrence (>70%) with other neurodevelopmental conditions¹. ADHD is the most commonly co-occurring condition², and ID is present in approximately 32-43% of children with ASD³.

Children with ASD and ADHD have been shown to be more likely than ASD alone to require medication⁴. Up to 62% of children with intellectual disability are prescribed multiple psychotropic medication⁵ for the management of challenging behaviours (CB)⁶. Psychotropic prescribing has been shown to be influenced by ethnic background and socio-economic status (SES)⁷.

There is limited evidence evaluating the use of psychotropic medication in children with neurodevelopmental conditions and CB⁸. Current evidence does not reflect prescribing practices and experiences of caregivers and clinicians, in the context of ethnic diversity, SES, and children with ASD and co-morbidities ADHD, ID⁹.

I applied for the North Thames Mental Health ARC fellowship to help develop my research project idea. The primary research aim was to develop a protocol to investigate the use of psychotropic medication in children from ethnically, socially diverse backgrounds with ASD and co-morbidities ADHD and ID for the management of CB.

1 Soke GN, Maenner MJ, Christensen D, Kurzius-Spencer M, Schieve L. Prevalence of co-occurring medical and behavioral conditions/symptoms among 4-and 8-year-old children with autism spectrum disorder in selected areas of the United States in 2010. *Journal of autism and developmental disorders*. 2018; 48: 2663-76.

2 Lai MC, Kassee C, Besney R, Bonato S, Hull L, Mandy W, Szatmari P, Ameis SH. Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The Lancet Psychiatry*. 2019 Oct 1;6(10):819-29.

3 Christensen DL, Baio J, Van Nauden Braun K, et al. Prevalence and characteristics of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 Sites, United States, 2012. *MMWR Surveill Summ* 2016;65:1-23.

Experience

I found the fellowship to be an eye opening experience into the world of research and academia at UCL. I was on the fellowship programme for two days a week for a period of six months from May 2023 to November 2023. The other days I continued to work in the NHS.

The fellowship provided me with the time and resource to develop my research ideas. One of the most beneficial aspects of the programme was having the chance to network and meet academics/researchers with similar research interests. I found having the option to talk and think through the steps involved extremely useful in understanding how to write a robust protocol.

A diverse range of professionals across the NHS, community health, local authority and private sector were on the programme. Having discussions with others from the fellowship programme provided a unique insight from multiple perspectives and helped me to think about the value of the project from an external viewpoint.

The lived experiences of caregivers and children was an essential component of my research proposal. Whilst on the programme, I was able to meet with the public participation lead at North Thames ARC and present my research proposal to the public participation advisory group.

During my time on the fellowship I was also able to join research meetings, learning seminars, network events and research presentations. I was also able to complete formal learning modules on understanding the basics of research, as well as the teaching sessions run by the UCL libraries.

Lessons Learnt

From my experience I learnt, that the environment and ethos within a research/academic environment is different in comparison to working in the health service. I found understanding the language and the way of working a challenge and it took some time to be able to feel comfortable.

Developing a research protocol requires considerable support and expertise from those work in academia and undertake research. This ensures, that although the project is reflective of practice, it meets the criteria for a research protocol.

Practical experience of working in a research environment is essential in being able to apply theoretical skills and knowledge.



4 Rong Y, Yang CJ, Jin Y, Wang Y. Prevalence of attention-deficit/hyperactivity disorder in individuals with autism spectrum disorder: A meta-analysis. *Research in Autism Spectrum Disorders*. 2021 May 1;83:101759.

5 Lott IT, McGregor M, Engelman L, Touchette P, Tournay A, Sandman C, Fernandez G, Plon L, Walsh D. Longitudinal prescribing patterns for psychotropic medications in community-based individuals with developmental disabilities: utilization of pharmacy records. *Journal of Intellectual Disability Research*. 2004 Sep 48(6):563-71.

6 Deb S, Kwok H, Bertelli M, Salvador-Carulla L, Bradley E, Tor J, et al. (2009) International guide to prescribing psychotropic medication for the management of problem behaviours in adults with intellectual disabilities. *World Psychiatry* 8, 181-6.

Next Steps

Post fellowship programme, I have continued to work in clinical practice and have found opportunities within my organisation to become involved in research. To this end, I was able to advocate for the involvement of pharmacy in 'real world' clinical trials within mental health. This included a clinical pharmacist's input into ward based clinical trials evaluating the use of antipsychotic medication in an adult and CAMHS inpatient setting, as well as another research project within adult learning disabilities.

I have been a co-author on two published articles on the use of antipsychotics in CAMHS. I applied for the HARP pre-doctoral fellowship programme, and although I was unsuccessful, I was fortunate enough to be able to reach the interview stage. I have recently applied for the NIHR clinical research fellowship programme. I am also hoping to apply for pre-doctoral fellowships in the coming year.

I remain a part of the research networks built whilst on the fellowship, and continue to receive communication about research opportunities. Given what I learnt whilst on the fellowship, I have aimed to try and identify opportunities for involvement in research both as a clinician, both also the public research involvement route. Research is an ethos and I found it requires ongoing effort and initiative. Both to seek out opportunities for myself, but also promote the value of research with my colleagues, families, patients and the teams/ service with whom I work.

I aim to one day become a clinical researcher.



<https://www.edingmenap.org.uk/nhs-stamp-and-stamp/>

Final Thoughts

Fellowship programmes, aimed at healthcare professionals are limited and as a result are competitive. My request to research organisations, health services and academic settings is that there needs to be more programmes which are accessible to healthcare professionals.

I would recommend the fellowship programme to any healthcare professional who wants to become more research active and/or develop a career into clinical research. These programmes enable the incorporation of clinical work with research and provide a great foundation for further development.

Acknowledgements:

I would like to thank the following for their support during and post fellowship. The programme leader, Dr Fran Zanatta, project manager, Hannah Savage and PPIE lead Will Lammons. I would also like to thank my mentor, Dr Sana Shakhour (QMUL) and my line manager Chinedu Ogburn for supporting my application to the fellowship.

7 Russell AE, Ford T, Russell G. Barriers and predictors of medication use for childhood ADHD: findings from a UK population-representative cohort. *Social Psychiatry and Psychiatric Epidemiology*. 2019 Dec;54:1555-64.

8 McQuire C, Hassiotis A, Harrison B, Pilling S. Pharmacological interventions for challenging behaviour in children with intellectual disabilities: a systematic review and meta-analysis. *BMC psychiatry* 2015 Dec;15(1):1-3.

9 Simonoff E, Pickles A, Charman T, Chandler S, Loucas T, Baird G. Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2008 Aug 1;47(8):921-9.

Implementing Trauma Informed Peer Coaching with Community Mental Health Services

Jason Grant-Rowles BA, MA, MRES, is a Mental Health Peer Coach in a Community Mental Health Service in Islington and is a Lived Experience Practitioner for the Trauma Informed Collaborative. Jason completed the Mental Health Research for All (MH-ALL) Career Development Fellowship, hosted by NIHR ARC North Thames, and wanted to applying for PhD programmes using the following proposal outlined below.

Research Problem

There are 893 peer workers within the NHS using their personal experience of illness and recovery to support other people.

The wider adoption of trauma informed practice across the NHS recognising the trauma that people have experienced.

There is a lack of guidance for evidence based best practice combining trauma informed peer coaching.

Research Aims

To understand how trauma informed peer coaching can be implemented within community mental health services.

To understand the experience of trauma informed peer coaching for people using mental health services, and for people delivering the service.



North London
Mental Health
Partnership

NHS
Barnet, Enfield and Haringey
Mental Health NHS Trust
Camden and Islington
NHS Foundation Trust

Work Packages

- A realist review of models and evaluations of trauma informed peer coaching.
- Developing a theory informed knowledge base to guide the research.
- Interviews with patients and staff.
- Review service specifications and training materials.
- Coproduction with a stakeholder group throughout the research.

Impact

The opportunity to develop a theory informed knowledge base, produce guidance, and implement best practice to improve patient care.

The potential to improve retention and sickness rates amongst peer coaches through the development of the practice and being valued members of the workforce.

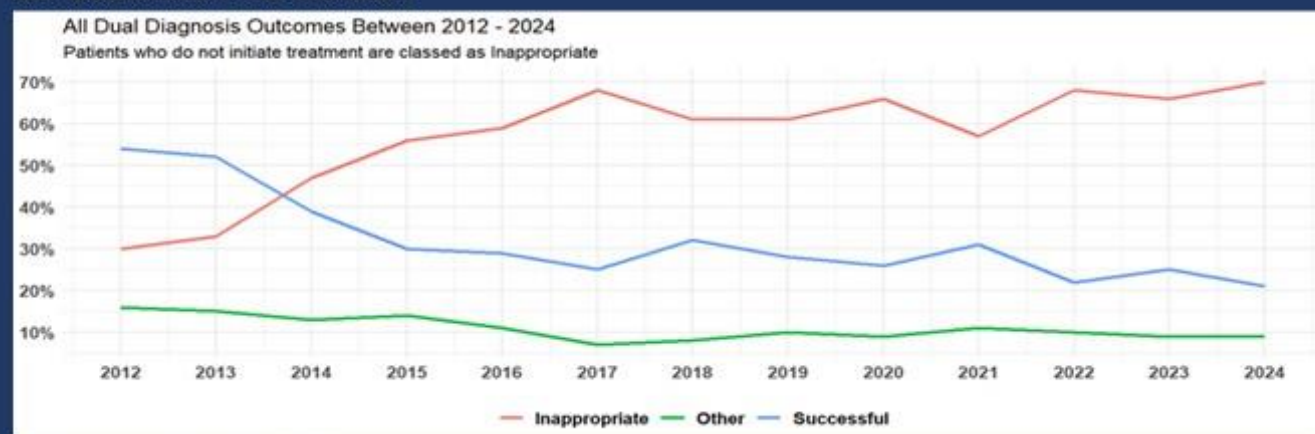
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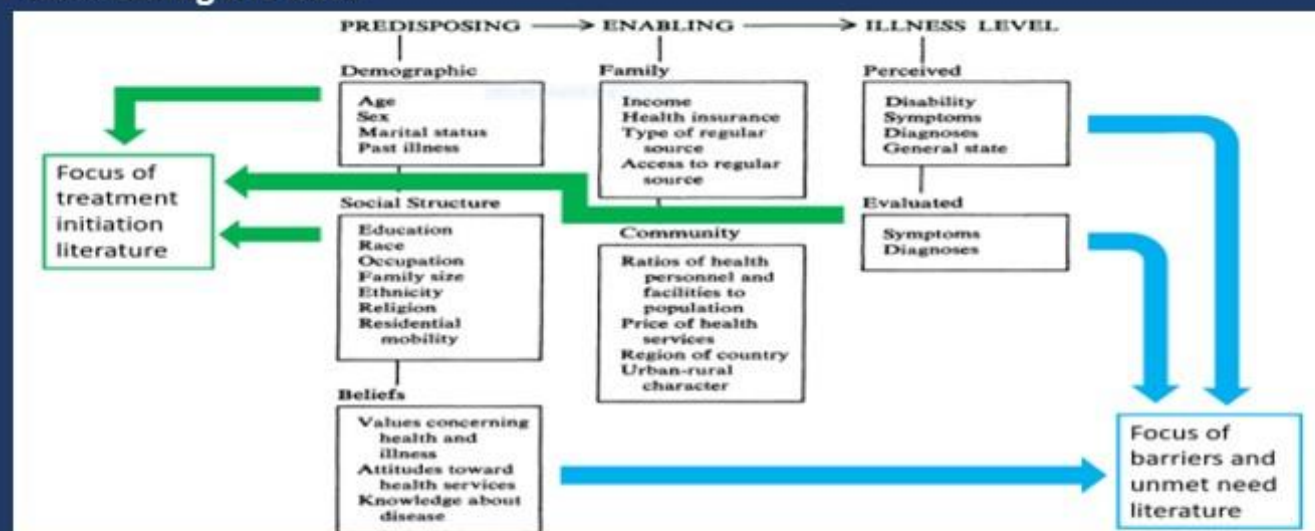
Factors associated with substance use treatment initiation in dual diagnosis patients: a scoping review

35% of dual diagnosis patients initiate substance use treatment

Health beliefs and attitudes towards treatment play a significant role in treatment seeking but were not addressed in the literature



Connecting the dots



Impact of career development fellowship and next steps

The fellowship has expanded my prospects for career development and has helped my service better understand a complex problem it faces. My next steps are:

- 1) Undergo UCL peer-review process with the aim of publishing the paper
- 2) A PhD study utilizing a prospective design that combines survey data with electronic health records to identify subgroups and their unique characteristics

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Artificial Intelligence (AI) and related technologies in Healthcare



My Background

I am a Children’s Wellbeing Practitioner (CWP) with 5 years experience. I trained in Manchester and worked for a youth charity in Liverpool, where I supported children living in deprived areas of Merseyside. In 2021, I joined the Camden Mental Health Support Team (MHST), part of the Tavistock and Portman NHS Foundation Trust, to support young people within the education system.

The scope of early intervention support - typically offered by MHSTs and CWPs – is high volume and time-limited interventions. Clinicians can hold an active caseload of 20 clients with regular turnover. I believe teams should embrace technology to help manage the growing demand for high quality children’s mental health services.

I am curious about whether Artificial Intelligence (AI) can have a net positive effect on the healthcare services, and this motivated my application to MH-ALL in September 2023.

What did I do with the fellowship?

With no prior knowledge, I wanted to learn about AI and programming from first principles. I completed two online courses through Havard University (CS50: Introduction to Computer Science/ CS50X: An introduction to Artificial Intelligence using Python). In addition, I completed some small-scale projects to facilitate my learning. For example, I wrote a machine learning algorithm to classify between patients who had Alzheimer’s and not using psychometric questionnaires only. You can find the code in my GitHub repository here:



What did I achieve?

The fellowship allowed me to step into a research domain I otherwise would have not been able to.

In April 2024, I was successful in applying to the Health Services Modelling Associates (HSMA) course provided by NIHR ARC South-West Peninsula. HSMA is an accredited 15-month Data Science and Operational Research programme, which equips students with advanced programming and modelling techniques to solve complex healthcare problems.



I am currently brainstorming project ideas to commence for the next stage of the HSMA course. Come and chat to me if you have an idea for a collaborative project!

Author: Thomas Burnand (t.burnand@ucl.ac.uk)

This poster describes research funded by the National Institute for Health and Care Research ARC North Thames. The views expressed in this poster are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

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Senior Peer Recovery College Tutor, Camden & Islington Recovery College,

North London Mental Health Partnership

NIHR-UCL Mental Health for All Fellow



Intersectional Trauma-informed Recovery at a Recovery College

'Self-Recovery X4S Model'

The 4 substances by which a recovery college course content facilitates intersectional trauma-informed recovery are:

Safety, Sharing, Self-Regulation and Self-care.

(Miguel-Lorenzo, 2023)

- Group Agreement
- Student's & Tutor's Codes of Conduct
- Student's Charter
- Attendance Policy
- Enrolment Form
- Responding to Traumatic Disclosures Whilst Delivering a RC course

- Train the Trainer Co-production
- Safe Venues
- Safeguarding Pathway
- Signposting
- Pre-course and Follow Up Calls
- Recovery College Values
- ImROC and NHS Trust Policies

- Nervous System Self-regulation
- Mindfulness and Breath Work
- Polyvagal Theory, Neuroception, Interoception, Autonomic Ladder
- Somatic Practices, e.g. Yoga
- Collaborative Practices
- Nature-based Activities
- Compassion-based Practices



- Gender Responsive and Inclusive Classroom Co-production
- Nervous System Co-regulation
- Symptoms Psychoeducation
- Self-management Tools
- Experts by Profession and by Experience Co-production
- Peers-Lived Experience
- Intersectional Recovery Story Telling
- Self-discovery
- Social Skills
- Recovery Goals
- Hopes and Dreams
- Life Meaning and Purpose

- Body e.g. Bath, Rest, Exercise, Yoga
- Mind e.g. Meditation, Reading, Affirmations
- Emotional e.g. Music, Dancing, Therapy
- Social Relationships e.g. Friends, Family, Peers
- Spiritual e.g. Religious Groups, Spiritual Practices and Nature.



Polyvagal Theory
Deb Dana (2018),
Autonomic Ladder
<https://www.premysocial.com/polyvagal-theory-and-holistic-healthcare>

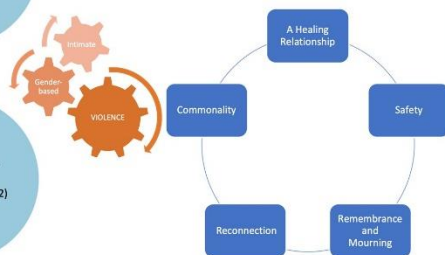


THE 6 PRINCIPLES OF A TRAUMA-INFORMED PRACTICE, 2014 US; 2022 UK.
SAMHSA's Trauma and Justice Strategic Initiative July 2014; UK GOV. Guidance Working definition of trauma-informed practice. Published 2 November 2022. Image from: <https://ppimhs.org/newspost/setting-new-standards-with-trauma-informed-care/>



HER MODEL HOLISTIC EMPOWERMENT RECOVERY MODEL

Dr. Akima Thomas



THE 5 STAGES OF RECOVERY, 1992, US. Herman, Judith Lewis (2015 [1992]). Trauma and Recovery: The Aftermath of Violence. London: Pandora.

Intersectional Trauma-informed Recovery:

is a process by which a person (1) learns how traumatic events impact mental and physical health and how different levels of discrimination intersect and determine a person's capacity to minimise chances of becoming mentally unwell; (2) learns to feel safe among people, shares knowledge and works together with other people, understands who the person is in relation to others and re-discovers aspirations and a life purpose; (3) learns how to regulate her nervous system by herself or with others, to feel present, safe, and socially connected to other people; and (4) learns how to take care of her self at body, mind, emotional, social relationships, and spiritual level, to affirm the self and to cope with challenges. This process facilitates the recovery of the self and post-traumatic growth. Some people might fully recover others might be in a journey of on-going recovery throughout their lives (Miguel-Lorenzo, 2023).

This poster describes research funded by the National Institute for Health and Care Research ARC North Thames. The views expressed in this poster are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care

References: Dana, Deb (2018) The Polyvagal Theory in Therapy: Engaging The Rhythm of Regulation. New York, London: W.W Norton & Company; Daryn H. David, Michael Rowe, Martha Staeheli & Allison N. Ponce (2015) Safety, Trust, and Treatment: Mental Health Service Delivery for Women Who Are Homeless. Women & Therapy, 38:1-2, 114-127; Geoff Shepherd, Jed Boardman & Mike Slade (2008) Making Recovery a Reality. Sainsbury Centre for Mental Health; Herman, Judith Lewis (2015 [1992]). Trauma and Recovery: The Aftermath of Violence. London: Pandora; Maté, Gabor, & Maté, Daniel (2022) The Myth of Normal: Trauma, Illness & Healing In a Toxic Culture. London: Penguin Random House; Slade M, Rennie Egglestone S, Blackie L, Llewellyn-Beardsley J, Franklin D, Hui A, et al. (2019) Post-traumatic growth in mental health recovery: Qualitative study of narratives. BMJ Open. 9, pp.1-10.; Sweeney, Angela, Clement, Sarah, Filson, Beth, and Angela Kennedy (2016) Trauma-informed mental health care in the UK: what is it and how can we further its development? Mental Health Review Journal, 21:3, pp.174-192

Have place-based approaches been shown to improve adolescent mental health? A systematic review.

Research questions

- What evidence exists for the impact of place-based approaches on mental health, wellbeing and substance use?
- What are the features of place-based approaches that have been evaluated in the context of adolescent mental health and wellbeing?

Key Findings

Based on **very few published studies** of mixed quality, place-based approaches have not improved mental health or wellbeing among adolescents, although evidence suggests they can improve certain alcohol use outcomes in young people.

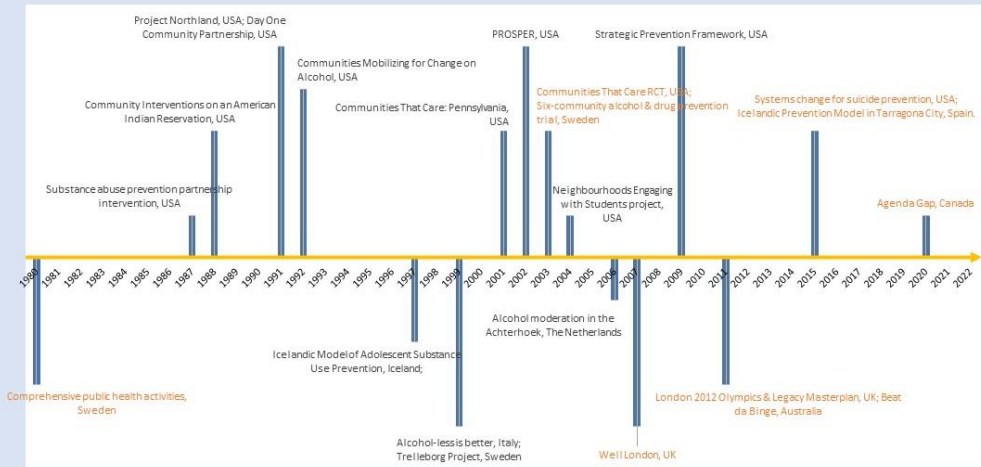
Methods

We searched six databases from inception to May 2023. We defined place-based approaches (PBAs) as at least two sectors (e.g. local government, health) working collaboratively within a locality. Studies reporting mental health and substance use among young people (aged 10 to 24) were included. Two authors independently assessed study quality using MMAT. Heterogeneity in PBAs, study design and outcomes prevented meta-analysis; results were narratively synthesised.

Results

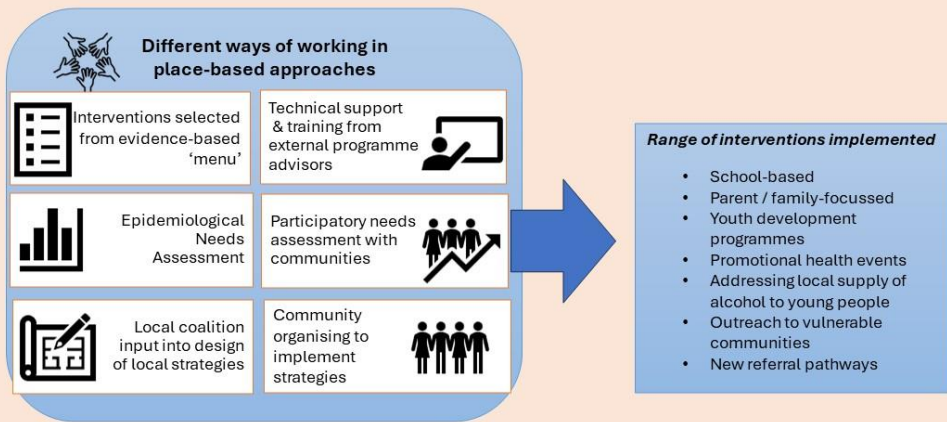
Thirty-three publications presented data from 22 PBA evaluations; 6 evaluations assessed mental health or wellbeing, 16 appraised substance use. Higher quality evaluations found no impact on mental health outcomes (n=4), and some evidence for delayed initiation (n=4) and reduced point-in-time use (n=10) of alcohol. Evidence for impact on binge-drinking and drug use was mixed.

Timeline of place-based approaches identified



Orange labels indicate one study examined mental health outcomes

Features of place-based approaches identified: collaboration processes and interventions implemented



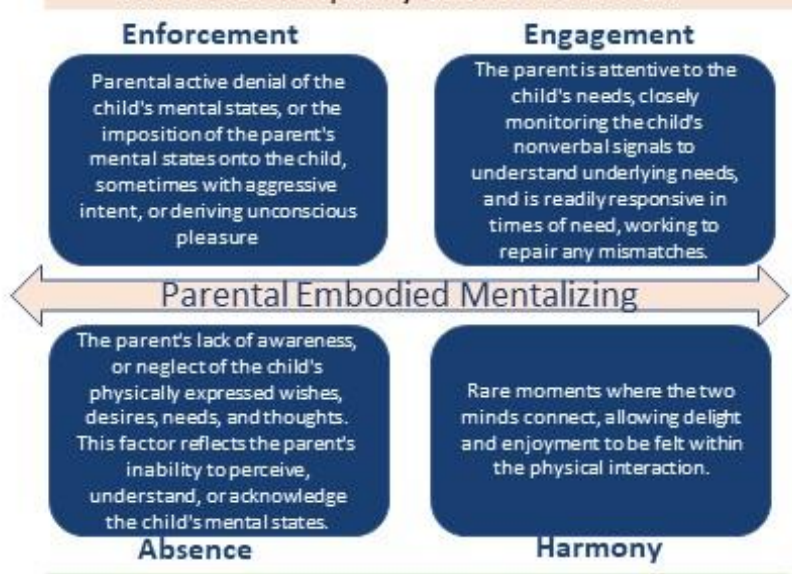
Author: Niran Rehill, PhD researcher & Public Health Specialist at UCLPartners

This poster describes research funded by the National Institute for Health and Care Research ARC North Thames. The views expressed in this poster are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

The PEMA study: A project to explore the embodied mentalizing (PEM) capacity in mothers attending perinatal mental health services in England

Conclusions: The parental embodied mentalizing in parents with moderate to severe mental health issues and self-reported bonding difficulties.

- ❑ The analysis of dyadic parent-infant bodily interactions revealed that the quality of interaction was governed by four key parental mental processes reflecting lapses in and the optimal parental mentalizing capacity.
- ❑ The results also suggest that PEM is immune to the effects of social adversity or demographic characteristics; however, the planned nature of the child's birth does influence the quality of the interaction.



PPIE project is ongoing...

All data collected has been supported by the expert-by-experience panel members.

The next steps of the current research are ongoing. PPIE is involved in the interpretation and dissemination of the findings, as well as engaging stakeholders in the dissemination of the COSI.

In addition to PPIE support, the **Springboard Funding** enabled the researcher more time to:

- Bridge the gap between research and clinical application of the scale by observing its initial use in an in-patient mother-infant unit, holding regular meetings with the tool's developers, and discussing the findings of this research to work on the scoring as well as applying additional statistical adjustments to enhance scale structure further.
- Disseminate aforementioned findings at two conferences and prepare the studies for publication.
- Develop a new funding application for future research on effective and inclusive tools for service users based on the insights from this work and the identified need for efficient clinical observational tools in PMH services.

Implications for Research & Clinical Practice

Clinical: Capturing the dynamics of nonverbal interactions can provide valuable clinical insights and supports work with parents who face language barriers. It can also be integrated into existing treatment systems once sufficient empirical support is established.

As a relationship-based capacity, PEM has the potential to be effectively targeted and improved through intervention.

Research: The findings are preliminary and require replication in clinical settings and the broader community. The feasibility and acceptability of the tool need to be investigated within PMH services.

This poster describes research funded by the National Institute for Health and Care Research ARC North Thames. The views expressed in this poster are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

Authors: Aylin Aras, Prof. Peter Fonagy, Dr. Camilla Rosan, Dr. Chloe Campbell

Developing an animation video on ADHD in people with Intellectual Disability (ID)



Background

ADHD is highly prevalent among people with ID, however, diagnosis is often missed for various reasons. A lack of awareness about ADHD among carers and people with ID is hypothesised to be one of the contributing factors, as symptoms of ADHD are often seen as part of ID. Therefore, raising awareness about ADHD, available treatment options and potential outcomes is important. Existing information only focus on people without ID.

Aims

To disseminate current research findings in ADHD in ID by developing an animated video. It focused on the following areas,

1. How ADHD is manifested in people with ID/how different it is in people with ID
2. What behavioural and psychological interventions are effective
3. How medications can improve ADHD symptoms

Methodology

Using the existing evidence on ADHD and ADHD in people with ID, a script was written on how ADHD is manifested in a person with ID, how it can affect them, treatment options available and improvement in ADHD symptoms and quality of life. A person with ADHD and a speech and language therapist working with people with ID were involved in the process. An expert animation developer helped to develop the animation video. This was reviewed and changes were done at each step to make it accessible for people with ID and carers.

Results

A short animation video on ADHD in people with ID was created. This was made in a format that can be easily circulated and available in different social media platforms. Since the production, this video has been used in many different settings including training sessions on ADHD in people with ID.

Video link- <https://youtu.be/FDpVzQOIWec>

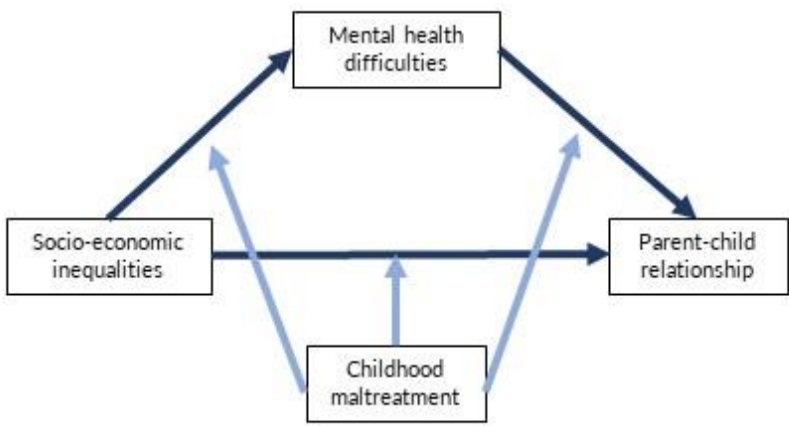


The CAEP study (Child Abuse Experiences in new Parents): exploring how new parents' socio-economic inequalities and experience of childhood maltreatment affect their mental health and family relationships

Conclusions: Self-reported Parent-infant Bonding Difficulties

Inequalities and childhood maltreatment significantly predict mental health difficulties, which in turn predict parent-infant bonding. The results suggests that mental health difficulties partially mediate the relationship between deprivation and parent-infant bonding, with this indirect effect varying by levels of childhood maltreatment.

- Experts by Experience (EbE)**
- Engaged as peer researchers throughout the study process.
 - Co-development of a coding framework for how to define socio-economic inequalities across domains.



Conclusions: Observed Parenting Quality

While both inequalities and childhood maltreatment significantly predicted mental health difficulties, they did not significantly impact observed parenting quality.

This poster is independent research supported by the National Institute for Health and Care Research ARC North Thames. The views expressed in this poster are those of the author(s) and not necessarily those of the National Institute for Health and Care Research or the Department of Health and Social Care.

- Implications & Moving Forward**
- Clinical: when supporting parents who report bonding difficulties, the impact of experiencing multiple inequalities and mental health difficulties should be taken into account.
 - Research: we are currently investigating how these concepts, and their associations, change over time and across treatments and whether the self-reported bond, or the observed parenting, best predicts child outcomes.
 - PPIE: successful collaboration between EbE's and researchers relies on the genuine willingness of those 'in power' to engage in reflective discussions.

Authors: Kavita Trevena, Sophia Nahz Rehman, Amy Clarke, Ruphsana Nahar-Qayyum, Kim Alyousefi-van Dijk, Camilla Rosan



MH-ALL: Mental Health Research for ALL

Aim

To tackle the barriers to mental health research participation for staff and communities, to increase the amount of mental health research taking place and improve diversity of participation in parts of East London and Essex.

Background

Evidence shows that communities living in some of the most disadvantaged areas of England have some of the highest numbers of people affected by poor mental health. However, they are also less likely to use mental health services, have poorer access to high-quality care, and are underrepresented in mental health research. Staff who work in mental health are also unequally represented, and there is a need to improve research opportunities for allied health and community staff.

Year 1

Understand

- Training need survey across NHS Mental Health Trusts (n=65 responses)
- In-depth stakeholder interviews
- Scoping review
- Roadshow with Mental Health Providers, Local Authorities and Voluntary Sector Organisations to build connections and awareness

Year 2

Build

- Developed **bespoke training** (10 modules) addressing the gaps identified in the needs assessment
- Developed **3 funded opportunities** – internships, career fellowships, springboard awards
- Recruited three cohorts of each over 24 months

Year 3

Sustain

- Worked with NHS Mental Health Trusts to develop **Research Champion Networks** – within and across organisations
- Bespoke development of **Staff Research Champion** – co-created with 24 peer support workers
- Supported an **alumni network** (awardees, mentors, training participants, lived experience partners)
- Established **community of practice** with lived experience colleagues embedded

What we did

Inclusive partnership with staff from diverse roles and backgrounds and people with lived experience of mental health underpinned the approach – grounding our approach in values and principles, as opposed to processes, has made the biggest impact and enabled flexible, meaningful collaboration.

What we learnt

- Not all staff see themselves as potential research contributors – the term "research" is not accessible to all
- Staff identified protected time, supportive management and inclusive research environments as key facilitators for engagement in research
- Specific skills gaps were identified to shape development of training modules
- Training increased participants' research readiness
- Offering short modules and multiple formats (in person, online, self-paced) increased reach and participation
- The positioning of opportunities and application support was critical for inclusion
- Fellowships were more successful for mobilising participation
- Staff research champion roles are diverse in their definition and approach – cross organisation learning has supported sharing of resources and refining the approach
- Peer support workers are uniquely positioned – bridging staff and lived experience colleagues. Peer support workers have no clear pathways into funding for research opportunities

Impact

Training

- **182** attended training
- **↑ 47%** participants' confidence in discussing research with peers.
- **↑ 39%** readiness to contribute actively within research networks.

Funded opportunities



Networks

- **Alumni Network** – **169** members
- **People's Panel** – **17** members, public, staff, awardees, academics
- **Staff Research Champion Network** – **53** participants across mental health trusts, clinical research network. **45%** are peer support workers.

This work was a three year programme funded by the Department of Health and Social care (DHSC), October 2021-2024. The programme has been expanded and will continue to March 2026.

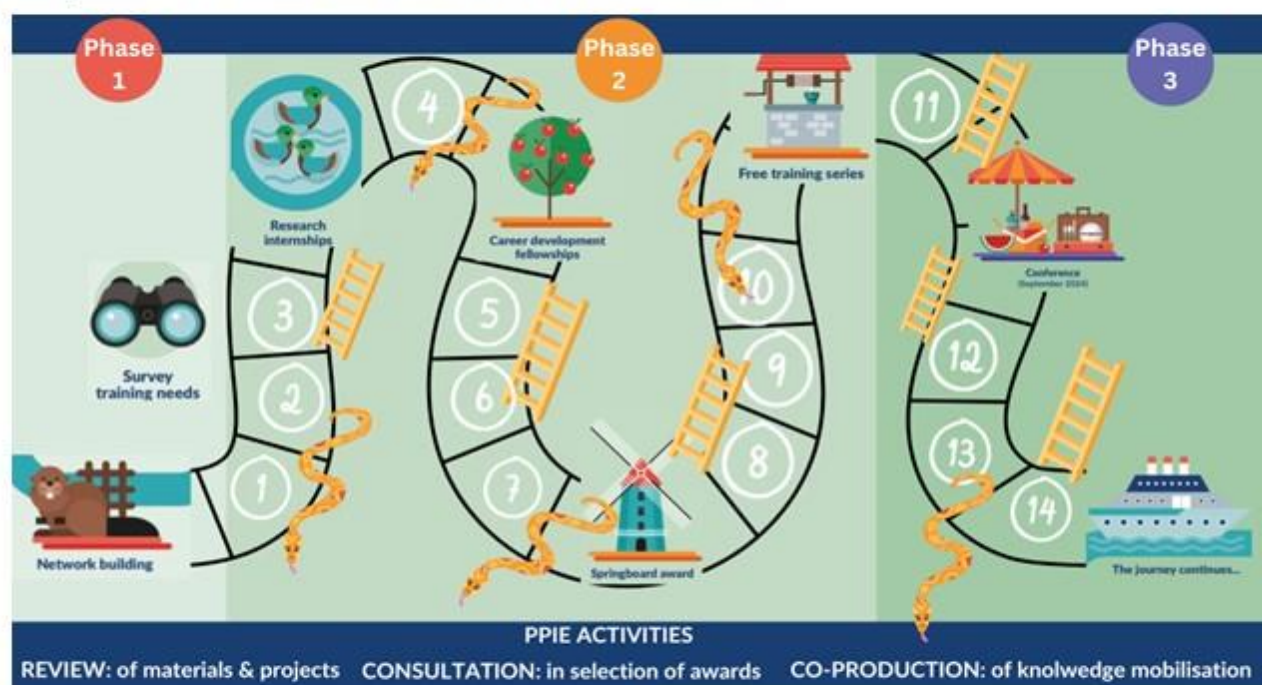


Snakes and Ladders

Participation journeys in the MH-All programme

17

Mental Health Research for All (MH-ALL) is a three year programme led by NIHR ARC North Thames, aiming to tackle barriers to mental health and care research participation for underserved staff and communities.



SNAKES

1. PPIE collaboration for capacity building needed to take a different approach from more traditional research work.
2. Existing PPIE contributors were not experienced in the topic so we needed to recruit.
4. The idea that PPIE is limited to service users limited our group and its relevance – we needed staff in the group too.
7. Engaging with PPIE as ad hoc activities, as opposed to underpinning principles, hindered progress.
10. Having to be selective in what we do, due to limited resources and capacity, slowed us down.
13. We initially proposed a structured framework for evaluation, which confused and disenfranchised PPIE members.

LADDERS

3. The organisation is very supportive of our ambitions
5. The organisation has a full time PPIE staff member.
6. We tripled the time dedicated to reviewing, discussing, and deciding.
8. The team took ownership of PPIE activities, embedding it in the programme.
9. Online meetings – big ladder for widening participation!
- 11 A creative suggestion by a PI led to a bold shift in our PPIE practices.
12. A diverse densely populated geography, with diverse specialist knowledge.
14. Being reminded of our humanity and need to connect. Grounding our work in values and principles, as opposed to processes, has made the biggest impact.

MENTAL HEALTH RESEARCH FOR ALL (MH-ALL)



Source

People living in the North Thames region, an area of diverse and high needs, are underrepresented in mental health research.

Staff who work in mental health are also unequally represented in mental health research. This project aims to improve research opportunities for allied health and community staff.



Free training series

Range of in-person tailored training



Career development fellowships

Targeted support and protected time to foster career progression

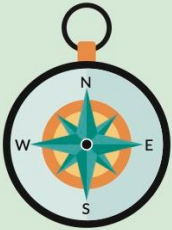


The journey continues...



Conference (September 2024)

Celebration, dissemination and exploration



Stakeholder engagement

Interviews to explore key challenges



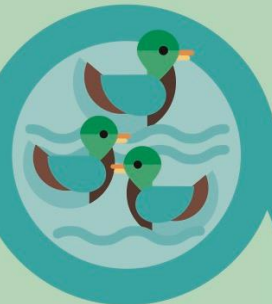
Survey training needs

Surveying staff views on key areas for training



Network building

Establishing and developing connections



Research internships

Learning by doing for staff with limited/no prior research experience



Springboard award

Small funding pots to kickstart projects and/or support dissemination

Phase
1

Understand

November 2021 – September 2022

Phase
2

Build

September 2022- September 2023

Phase
3

Sustain

September 2023 – September 2024

Career Development Fellows Public Involvement Discussion Sessions

Our Public Advisory Group is a collaborative group of mental health professionals, patients, charity volunteers, and carers, primarily from London and Essex. They come from diverse backgrounds and have varying levels of experience with public involvement.

MH-ALL career development fellowships are placements that enable people to develop a PhD or project funding proposal. Our fellows included people working in or with mental health services, who had some prior experience of research, and were looking to build on their skills to enhance their careers and research.

Career Development Fellows who held focus groups



Iffah Salim



Hassan Rahman



Jason Grant



Xandra Miguel Lorenzo

Pierre Hozoo not pictured

What did we do?

We held focus group discussions with 5 career development fellows and the Public Advisory Group. This was to provide friendly critical feedback and collaborative brainstorming around fellows' early-stage projects.

The projects varied widely and included:

1. Better informing clinicians about the choices and medication for children with ADHD and autism
2. How self-care practices can help recovery college students with experiences of trauma and mental health challenges
3. Evaluation of trauma informed approaches for Peer Support Workers
4. Mixed-methods study into "moral injury" around persistent stress events for lower paid health workers
5. Scoping review on mental health-substance abuse patients trying to initiate treatment

How did it help?

Public Advisory Group members provided lots of friendly critical feedback on projects and gave fellows lots of questions to help think about their projects from different perspectives. The sessions helped fellows understand how and why to do public involvement.

Advisory Group members gained a platform to share their expertise, built their networks, improved their understanding of PPIE and got to work directly on and help shape emerging mental health research projects.

Representative: MH-ALL Public Advisory Group

Collaborators: Lorraine Cezair-Philip, Mark Dale, Chris Eggers Sledge, Jackie Hardy, Megan Leach, Nikhvat Marawat, Raj Mehta, Nicola Rush

MH-ALL’s PPIE training

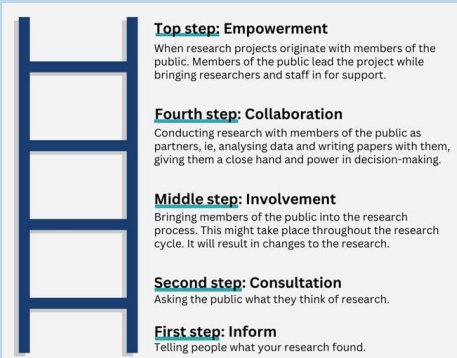
“not another PPIE training” – practicing the nuts and bolts of PPIE

Our Public Advisory Group is a collaborative group of mental health professionals, patients, charity volunteers, and carers, primarily from London and Essex. They come from diverse backgrounds and have varying levels of experience with public involvement.

What did we do?

Over four months, the Public Advisory Group met to plan, create, and deliver a full-day training to help anyone based in the North Thames area to skill up in their abilities to conduct PPIE activities.

Group members assisted in designing the schedule and content, but also gave talks, led activities, instructed in best practices, shared their experiences, and facilitated discussion to support the training.



THE DELICATE MIND

How did it help?

We held 2 training sessions for over 50 attendees from across North Thames health trusts and universities. In reviews of the training, they praised the group’s mix of presenters, stories and experiences of PPIE, examples of addressing barriers and solutions, practical tips, and perspectives.

In prepping and running the training, Advisory Group members gained skills, got a platform to share their expertise, built their networks, improved their understanding of PPIE, and it also gave them new meaning and purpose in their regular jobs and lives.

Representative: MH-ALL Public Advisory Group

Collaborators: Lorraine Cezair-Philip, Mark Dale, Chris Eggers Sledge, Jackie Hardy, Megan Leach, Abdul Malik, Nikhwat Marawat, Raj Mehta, Nicola Rushent

MH-ALL Public Advisory Group: Springboard Funding Application Selection

Our Public Advisory Group is a collaborative group of mental health professionals, patients, charity volunteers, and carers, primarily from London and Essex. They come from diverse backgrounds, have varying levels of experience with public involvement.

The MH-ALL springboard funding provided grants for mental health and care researchers already active in research. They were awarded to help disseminate completed research findings, to move research to the next stage, or to develop a new research idea in the field of mental health research.

What did we do?

Our Public Advisory Group helped decide which springboard applications were funded.

- ❑ They reviewed 14 applications for funding, assigning number values and comments to each application.
- ❑ These values and comments were compiled together, then used as the base of a discussion around which projects to fund.
- ❑ Two members met with the MH-ALL scientific committee and discussed the Group's recommendations for funding.
- ❑ The scientific committee and the Group agreed together to fund three unique projects which considered key elements important to both bodies.

How did it help?

The Public Advisory Group highlighted aspects of projects that were relevant and important to underserved communities across London. Their initial preferences for projects were different to the scientific committee's. This prompted a unique compromise and consensus-building activity that allowed for a different selection of funded projects with elements important to Group members, such as diversity, underserved-ness, community collaboration, intersectionality, and recovery.

In this reviewing, Advisory Group members gained skills, got a platform to share their expertise, improved their understanding of PPIE, assured the research funding went to relevant community-focused projects, and directly shaped health research.

Representative: MH-ALL Public Advisory Group

Collaborators: Liz Buxton, Lorraine Cezair-Philip, Mark Dale, Chris Eggers Sledge, Jackie Hardy, Megan Leach, Abdul Malik Nikhwat Marawat, Raj Mehta, Nicola Rushent