



Welcome to our spring newsletter. With the sun shining and flowers coming into bloom, and a few of our staff team leaving, it has been a time of reflection and new beginnings at McPin. We continue to advocate for better quality research to improve the lives of people in communities everywhere. Research is only worth doing if it can lead to change in practices, improvements in understanding, and hope that the future will be better at supporting mental health than the past. What's coming up? We are looking forward to hosting an event on identity and mental health in April for the Recovery Research Network. The Medical Research Council and Department of Health will publish mental health research strategies shortly. We are as keen as ever to hear from you about what we should be doing to make mental health research more relevant, accessible and useful. Do get in touch. We hope you enjoy reading our newsletter. We've enjoyed putting it together.

Our news

Over the last few weeks we've been giving our [website](#) a bit of a spring clean. As part of that we've added a [new page showcasing the work we do for partner organisations including our work on evaluations](#). This is a growing part of what we do, helping other organisations to understand what impact their work is having and how it can be improved. Although not as high profile as some of our larger research projects, evaluations are one of the quickest

ways we can use evidence to improve people's lives, because they provide rapid feedback and suggestions for improvement direct to services. We therefore thought it was an opportune time to use the newsletter to showcase a number of our recently completed evaluations.

KCC Mental Wellbeing Programme

Kent County Council's (KCC) Public Health department commissioned a series of projects and services to improve wellbeing across Kent, and asked McPin to carry out a mixed methods evaluation of them.



In order to evaluate their success, [we first developed a Theory of Change for each](#) – a method that identifies the change an intervention seeks to achieve, and how. This helped inform the detail of our subsequent evaluation by making the links between programme activities and planned impacts explicit, and allowing these to be tested through a range of reach and outcomes data.

One of the key measures used was the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which demonstrated the positive impact the interventions were having. These findings were enhanced with interview data explaining how wellbeing is improved.

The Mental Wellbeing Programme was an innovative and experimental 'pilot' in public mental health commissioning, with the diversity and the flexibility of the individual projects pivotal to the success of the Programme as a whole. Crucially, the robustness of the evaluation has led to a number of the projects being recommissioned by KCC over the long-term, or securing additional funding. [You can read the summary report on our website.](#)

Camden VoiceAbility

Between June 2016 and January 2017, we conducted an evaluation of a peer mentoring service run by Camden VoiceAbility, in which 'mentors', who have experience of mental health problems, provide short-term, goal-focused support to 'mentees', who need greater support with their recovery.



The evaluation involved understanding the experience and impact of peer mentoring from the perspective of mentors and mentees. As the service was co-developed with service users, it was essential that the evaluation was also shaped by members of the service. We used an initial workshop to find out what questions people who were part of the service felt were important to address. We then used interviews and group workshops to allow mentors and mentees to explain their experiences in their own words.

Key outcomes for mentors were furthering their personal recovery, skill development, improved understanding of mental health and wellbeing, and enhanced social relationships and networks. For mentees, the key outcomes concerned achieving practical goals, such as resolving a benefits problem, increased levels of motivation and hope, improved symptoms, improved understanding of mental health, and the building of social connections.

Interestingly, we found that mentors reported more extensive gains than mentees, perhaps because of their greater length of contact with the service and the benefit of being part of a supportive network of other mentors. We recommended that the service should consider ways in which these benefits could also be facilitated for mentees. The project also showed the value of having an independent evaluator. At the time of the evaluation, mentors collected satisfaction and outcome data from their own mentees limiting critical feedback. Having an independent evaluator, who is sensitive to service user needs, can help overcome this problem and uncover areas for service improvement.

Performing Places



We recently completed our evaluation of the Performing Places project. This was an innovative project in which Professor Sally Mackey and her team from the Royal Central School of Speech and Drama worked with people who lived in supported accommodation provided through the St Mungo's Charity. The work consisted of a series of arts and performance based activities, completed over 15 weeks, which focused on how people may feel in their local environment, and how those feelings may be disrupted to create a new relationship with 'place'. We used a combination of observational and qualitative research methods to explore how the project operated and its impact. The key outcome was

that people attending the performing places project experienced improvements in wellbeing and developed a better relationship with their local environment through this work. By completing performances in their local area, and through 'gifting' small pieces of art to their local area, people felt they were able to contribute to their local environment and take a more active role in the community.

Research in the news

"Yes, and" – mental health research funding needs both better evidence and better public and patient involvement

The Lancet Psychiatry published a comment piece in February [arguing that in a 'post-truth era' mental health research funders should adopt a more 'empirical' approach to their work](#) [requires registration]. Although with an American slant we found it stimulated our thinking as we await both the Medical Research Council and the Department of Health's mental health research strategies, which are likely to shape the agenda on this side of the Atlantic for years to come.



We at McPin would agree with many of the questions the authors identified.

Are research funders clear and transparent about what real world change they ultimately want to achieve through the funding decisions they make? Not always.

Do they follow up to understand if they were successful and learn lessons? Rarely.

Is research funding being concentrated in a few institutions, restricting the pathway for the next generation of researchers and ideas? Yes – [as our recent briefing on research in mental health services in the NHS shows](#).

But the voice of the people affected by mental health problems appeared to be completely silent in this 'empirical' system for funding research. We thought that this is a missed opportunity.

At its heart policy making is about choices and values. Research funders decide on behalf of the public which research questions they want to try to answer. These decisions need to be based on the evidence. What impact do certain problems have? Where are the next breakthroughs or improvements most likely to come from? What methods have been successful before? Where do we need to try new ones?

There is a wider debate about what constitutes 'good' evidence. But, even if that were settled, it cannot replace a debate about what we value as a society. At one level research funding decisions reflect those values. Is it more important to look for ways to maximise the length of people's lives, or to maximise their quality of life? How does

one measure such a subjective issue as 'quality of life' in a consistent way? These are questions that are constantly negotiated within society. There is no 'empirical' answer to them.

We believe that these discussions need to have the people affected by mental health problems at their heart. They have a right to have their voices heard, especially in mental health with its long history of research being done to people and not with them. They bring expertise and insight to the debate about the actual experience of mental health problems that it is different, and equally valuable.

As importantly if we are to retain the current taxpayer investment in mental health research, let alone build the charitable and philanthropic giving that we desperately need, we must secure and maintain public support. Ignoring their views is not a route to achieve this.

We should not blindly follow the crowd either. There must remain space for thinking that challenges orthodoxies and investment in research into unpopular causes. After all for many years mental health has been, and probably remains, one of those unpopular causes.

But the best way to create this space is for researchers to engage with the public, people affected by mental health problems, health care professionals and policy makers. To educate them about the evidence. To respond to their concerns and challenge their preconceptions. To excite them about possibilities they hadn't even considered.

We know that many researchers are already doing this. In many ways mental health research is at the cutting edge of Public and Patient Involvement (PPI). [We also know from our own work that it isn't easy](#). We would not pretend to have all the answers. Much more [experimentation and debate is needed](#). And ultimately effective PPI it is not the only challenge mental health research faces.

So we welcome any efforts to improve the transparency of research funding; to improve the rigour and accountability of the funding processes; and to understand better the impact it is having. But we must always remember that policy is about choices. We should be guided both by the evidence and our values. And we must be as inclusive and transparent as possible about both. People with mental health problems have an important contribution to make to each side of the equation.

We therefore gave a cautious welcome to most of the manifesto set out in the Lancet, but it was a 'yes, and'. 'Yes, and' we also need to ensure we put the people affected by mental health problems at the heart of decision making.

Ian Bradshaw, Policy Manager

Hot off the press

Why we should include everyone and everywhere in mental health research

In late March we published our new policy briefing [Everywhere and Everyone Included?](#) based on an analysis of data on NHS mental health trusts' research activity and round tables with trust research and development managers.

We found wide difference in how research active NHS mental health trusts in England are. This is despite the government's commitments to create a "culture of innovation and research that is embedded at every level" of the NHS, with a "workforce that embraces research and innovation".

Every English mental health trust did take part in at least one study



funded by the National Institute for Health Research (the body responsible for funding, promoting and supporting research in the NHS in England) last year. But, according to our analysis, after accounting for their size on some measures the top trusts are ten times as research active as the least.

The briefing identified three reasons for spreading research activity across a wider range of trusts.

- People affected by mental health problems want to be involved in research and benefit from participating. This is not just because it provides them access to novel treatments. Participating in research provides many people with the positive experience of helping others who face similar challenges.
- Understanding research and the application of evidence should be a core part of every mental health professional's training. Assisting on a study is an important learning opportunity for all professionals, and vital for developing the next generation of researchers. This is especially important in an area of medicine like mental health that has traditionally not had as strong a scientific or research orientated culture as others.
- There are well documented problems with recruiting participants to take part in studies. If we are to achieve the increase in mental health research that is needed we will have to expand the pool of potential participants.



In our discussions with research and development managers we identified several barriers to spreading research. Unsurprisingly the lack of funding, especially from commercial and charitable sources, was a strong theme. This is something that public sector funders and the government need to take account of, either directly in their funding decisions or by taking steps to catalyse more private and charitable funding.

Perhaps as important was the fact that a research programme requires upfront investment, to develop the bids needed to win grants and to put in place the facilities and staff needed to deliver studies. The universal view was that the grants available for publicly funded research do not cover these overheads.

If there was clear evidence that by investing in research trusts would improve other aspects of their performance, it would be likely to influence trusts' leadership. However our analysis of CQC inspection scores and patient satisfaction surveys, key measures trust chief executives and boards are judged against, found no obvious relationship between them and how research active a trust is.

This is not to say that there is not a relationship. There is growing evidence of the wider benefits of research within healthcare providers, both for patients and professionals. Even if there weren't, ultimately it is only through research and development that the solutions to the challenges people affected by mental health problems will be found. But until we are able to build a more robust evidence base we concluded that it will be difficult to persuade individual trusts to invest heavily in research at a time they are dealing with falling funding and rising demand for their services.

So if it is to create the promised 'culture of innovation and research' in NHS mental health services, the Government will need to provide stronger national leadership and incentives to spread collaborations beyond existing networks.

But there is also more that charities like McPin, and research advocates within the NHS and beyond can do. We need to find ways to attract more funding for mental health research, public, charitable and private. We need to work together to excite more service users and professionals about the possibilities of research and make it easier for them to find out about opportunities and to ask to get involved. Creating grassroots demand for research opportunities will make it harder for the case for investment to be ignored.

The briefing [Everywhere and everyone included? Research in NHS Mental Health Trusts in England](#) is available to download now.

Ian Bradshaw, Policy Manager

Opportunities

Are you up for a challenge? McPin has a handful of places left for [Ride London 2017](#) and [Vitality London 10k](#) and we would love for you to join one of our teams! In 2016 we raised thousands of pounds through fundraising to support life-saving research into suicide prevention, and had great fun doing it. This year with your help we hope to raise even more.

Vitality London is a 10km run taking place in London on 29th May 2017. You can find out more [here](#), and download the application form [here](#).

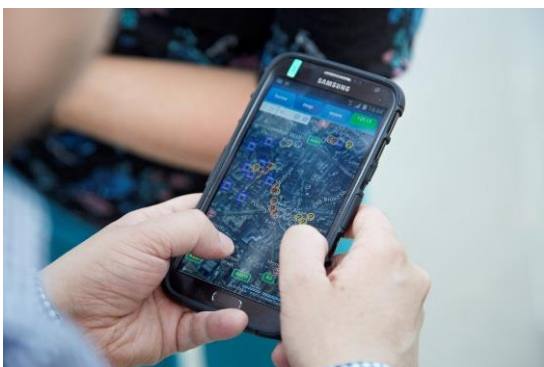
Ride London is a 100 mile cycle from Surrey to London taking place on 30th July 2017. You can find out more [here](#), and download the application form [here](#).

If you have any questions about either of these events, please email contact@mcpin.org.



McPin is recruiting

We are recruiting for a project coordinator and senior researcher role to deliver our research Priority Setting Partnership (PSP) programme for children and young people's mental health research, as maternity cover for the current post holder. The role will suit someone with strong research project management and people skills, who is passionate about mental health research and the difference it can make to improving the lives of people in communities everywhere. An interest in young people's mental health is essential and experience of systematic reviewing, research surveys and co-production research methods is a must. [Find out more.](#)



Questions about using digital technology for mental health problems?

A new national survey has opened to give people the opportunity to direct future research into digital technologies for mental health. We are interested in hearing from people with mental health problems, people who support/care for others with mental health problems and health and social care professionals.

Effective research can help improve care and treatment. If you would like to add your questions, go to www.mindtech.org.uk/digitalMHQ to complete the survey.

Thank you

We have a number of changes to our staff team this spring. We said goodbye to Carla Snell at the end of March. Carla had been with the organisation since we started in April 2013 and we will miss her efforts to keep us fit, energetic, organised and positive. We wish her well in her new job. We will also shortly be saying goodbye to Agnes, who joins the NCT in May and also temporarily to Naomi who is going on maternity leave. Agnes and Naomi are both senior researchers at McPin whom we will greatly miss and we **thank you for all your skill and hard work.**



Get in touch at contact@mcpin.org

Follow us:

 [/McpinFoundation](https://www.facebook.com/McpinFoundation)

 [@mcpinfoundation](https://twitter.com/mcpinfoundation)