



WELCOME to our winter newsletter, we wish all our supporters all the very best for the festive season. In this edition, we reflect on a few McPin highlights from 2017, look at research on insomnia and mental health and respond to the newly launched Department of Health led framework for mental health research. We also highlight current opportunities for getting involved with us and others.

## Sleep and Cognitive Behaviour Therapy

A good night's sleep is a key part of a healthy lifestyle. Several years ago, I was involved in writing a [report](#) for Mental Health Awareness Week, based on findings from the Great British Sleep Survey. The report argued that insomnia and poor sleep were public health concerns. Fast forward to today, I now have a young family and am even more aware of the importance of sleep on the health of children and adults alike.

Research continues to emphasise the link between sleep and mental health. Sleep problems often go hand-in-hand with poor mental health, yet few people who use mental health



services receive help for sleep problems. At McPin Foundation, we know from speaking to our supporters that sleep is a big problem for many people. Is this something that mental health services need to think about more seriously?

The effectiveness of [Cognitive Behavioural Therapy for Insomnia \(CBT-I\)](#) for improving sleep is well documented, and there is emerging [evidence](#) that CBT-I can improve the symptoms of mental ill health too. The basic idea behind CBT-I is to train better sleep habits, identify and reduce the behaviours which make sleep difficult, and eliminate negative thought processes about sleep. This may sound like common sense, but is difficult when there are so many distractions. We live in a 24/7 culture of connectedness. There are increasing numbers of devices which have the potential to interfere with our sleep. Smartphones are almost universal, and some people also monitor 'health indicators' through tracking apps and wearable devices (monitoring things like calorie intake, exercise taken, and heart-rate).

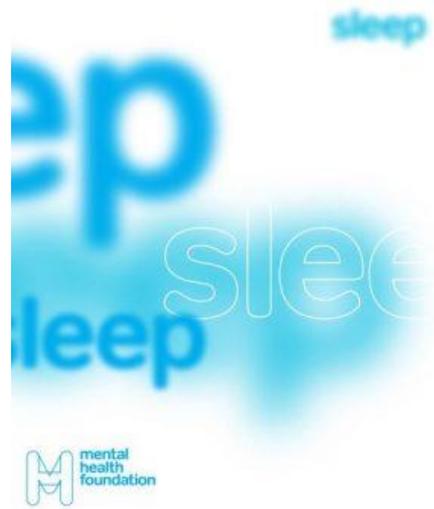
This begs the question, how helpful is it to track our sleep? Well, one of the peculiarities about sleep is that it arises from the *absence* of effort. This distinguishes it from almost every other task. In most aspects of life, hard work leads to positive results. This is not necessarily the case for sleep. The more we try to sleep, the less likely we are to sleep. Successful sleepers tend not to lie awake in bed thinking *"I must go to sleep now! I need to try really hard to sleep because I have so many things to do tomorrow and I need to wake up early"*. Successful sleepers are more likely to think: *"It's that time again, I'm tired, I'll go to bed and see what happens. I know I'll fall asleep eventually."* A good analogy is that falling asleep is like training a bird to sit in the palm of your hand. If you grasp too quickly it will fly off again.

Anything that encourages us to obsess over the amount of sleep we get will probably lead to bad sleep habits. However, simply being aware of how much sleep we get might be a good thing, enabling us to spot patterns. Apps which are based on CBT-I methods (and designed to improve sleep habits and sleep hygiene) may be helpful, those without this theoretical basis probably won't be.

What does this mean for McPin? Sleep is an area where science has led to knowledge which is directly relevant to people's lives, and is finally being seen within a public health [context](#). One of our New Year resolutions is to continue supporting research topics that most matter to people affected by mental health issues. Do get in touch and give us some examples of topics you think we should be working on.

Dan Robotham, Head of Research and Evaluation

Sleep Matters  
The impact of sleep  
on health and wellbeing  
Mental Health  
Awareness Week 2011



## A new framework for mental health research



Department  
of Health

Can we turn more scientific discoveries into practical health benefits for everyone?

A [framework for mental health research](#) was released by the Department of Health on 7<sup>th</sup> December 2017. It sets out a vision for how, over the next 10 years, we can progress understanding of prevention, care and treatment through investment in mental health research. We have been on the steering group for this project, and thus know first-hand how complicated this piece of work has been from beginning to end. We send a huge thank you to Department of Health staff for getting the

framework launched. It should help us all in our work make a difference. Because that is the point isn't it. We want research activities to improve understanding and lead to practical changes benefitting people's lives.

From our point of view, an important consideration was ensuring methodological work was progressed in mental health, and particularly what we call peer research. We want more research teams to integrate the expertise of people who have direct experience of mental health issues in studies using structures that can facilitate meaningful contributions. We see expertise from experience as an essential ingredient in a successful research team alongside clinicians and academics including the statistician, trial manager, qualitative research expert. The framework's nine recommendations are summarised below. Terms such as co-production, user-led research, patient and public involvement all have their own history with values and principles at their core. These are incorporated into the framework for people to digest and progress.

### Recommendation 2: Patient and public involvement (PPI)

*Stakeholders: Research funders, HRA, INVOLVE, Universities, Charities.*

Patient and public involvement in mental health research should continue to be strengthened and systematically embedded throughout research regulation, ethics and governance, shaping and determining research questions, assessment of research proposals and research evaluation.

User-led research as an emerging discipline, generating new knowledge and investigating things that matter on a day to day basis to people experiencing mental health problems, should continue to be strengthened. So too should co-production in research, combining expertise of practitioners, healthcare commissioners, service users, carers, policy makers and researchers together within multi-disciplinary research teams.

There is a need to make involvement more representative particularly by increasing inclusion of children and young people and people with protected characteristics. Involvement in basic research should be strengthened and requirements for involvement harmonised across research funders.

1. Mental health research should take a 'life course approach'

**2. Patient and Public Involvement (PPI) should be strengthened and developed**

3. Connections between physical and mental health research should be strengthened

4. Greater co-ordination and leadership of mental health research activity is needed

5. Better use of data / informatics, digital technologies and linkage of national data sets

6. Flexible funding arrangements

7. Promote development and evaluation of new and alternative approaches to prevent mental health problems or support people with them.

8. Engage with industry (digital, engineering, design technology and pharmaceutical)

9. Streamline research regulation, ethics, and governance

We have highlighted one recommendation which includes the importance of building a diverse research community. This is vital for PPI but also all other aspects of mental health research. It speaks to the importance of co-ordination and leadership within and beyond the traditional mental health

sector. Something the research councils are already tackling in a current call for [proposals](#) for the establishment of cross research disciplinary networks to strengthen the UK mental health base and build research capacity. Linked to diversification in research – leadership, topics studied, people working on them - we are keen to see more inclusive approaches in mental health studies and a commitment to capacity building. We have ideas of our own at McPin and plan to launch a new programme next year supporting the development of the mental health research sector.

Although there were no resources specifically identified in the framework, this week the National Institute of Health Research promoted [eight specific calls for mental health research studies](#). Deadlines are all in the first 6 months of 2018 which will keep a lot of people very busy in the months ahead. The research call emphasises:

*“Promotion of good mental health and the prevention or treatment of mental ill health across the whole life course. We welcome proposals for clinical and applied health research that evaluate healthcare interventions, health services, social care or public health measures operating at either the individual, or the population level. Issues of particular interest include proposals that utilise new digital health technologies or investigate their effects”.*

There are some significant challenges ahead for mental health research. The framework is a call to action for the whole community to step up and accelerate scientific progress. At McPin we want to focus on those pieces of research that matter most to people with mental health problems and their families. Do tell us what your priorities are for us in 2018. We’d love to hear from you.

*Vanessa Pinfold, Research Director*

## Our Yearly Round Up

McPin will be marking its 5 year anniversary in our current form. Before this the charity had no members of staff. It was essentially a grant making charity. The most important aspect of our work is working alongside people with mental health problems as colleagues, advisors and friends of the charity. When thinking about what we have achieved, we need to ask our team are we doing enough, and are we doing it in the best way to transform mental health research? I don’t think we are and 2018 will be an important year for progressing our ideas to train more people to work in research drawing upon expertise from experience.

Saying that, we have been busy! Looking back on 2017, the team have been working extremely hard and we share a few of our highlights with you here.

This year saw the launch of our ‘Right People, Right Questions’ project. We want to know people’s questions about the mental health of young people, and we will look to see which ones research could help answer. We received over **5,500 research questions** from 2,600 people; our young people’s advisory group [produced a video](#) to help us. Thank you to everyone who took part. Keep an eye out on Twitter (@youngpeopleMHQ) as we will be moving to ‘Right People, Right Questions’ phase two in the Spring of 2018.



We also completed our evaluation of community based peer support, jointly with St Georges’ University of London. This was a project commissioned by Mind, funded by the Big Lottery Fund known as “Side by Side”. We were tasked with looking at the impact of community based peer support on the outcomes of people giving and receiving peer support such as changes in social networks, feelings of hope and levels of wellbeing. At the same time we wanted to understand the value base of Side by Side, understand people’s experiences of peer support, consider how capacity building in the sector might be sustained and talk to commissioners about funding. This resulted in a lot of work! Our peer research team carried out over 70 interviews and we are still working our way through all the data collected but summary reports are [available](#). The interview study also provided the foundation for the production of a [toolkit](#) which Mind launched last month.

In 2017 we have worked on many more pieces of research work for organisations including Voiceability, Men’s Health Forum, Thrive London, MacMillian cancer care. Some of this work included developing theory of change models for them. [Theory of Change](#) seems to be of interest to lots of community organisations, helping them

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plan, do and review activities as well as develop evaluation processes that can track outcomes over time. We have also run several patient and public involvement groups bringing together people interested in bipolar research. We like this type of work as it ensures we get to learn alongside a range of different people and can use our peer research model in new ways. For 2018 we want to use more creative research methods and develop new public involvement approaches. We also want to write more about patient and public involvement, co-production in research and peer research. Terms that overlap!



In terms of our public involvement work we are supporting an ever increasing number of studies. There has been much interest in the role of the immune system in mental health. We are supporting a study called [SINAPPS](#) which is investigating a possible treatment for some people with psychosis due to problems with their immune system. The study has featured on the BBC programmes [Victoria Derbyshire](#) and [Trust me I'm a Doctor](#) and has been covered in the national press extensively. During 2017 we have supported two major studies looking at developing talking treatments for specific groups of people. We part funded and supported the MindTech [digital technologies](#) priority setting partnership. We will be hosting the final workshop for the project in March 2018. In the next year we hope to do much more work with approaches such as virtual reality. This is a [rapidly developing](#) area of research which appears to hold great potential to the health of people with mental health problems.

One milestone this year was publishing our [personal wellbeing networks research](#) in the British Journal of Psychiatry. We wrote a [blog](#) about why this felt important. Since then, we have hooked up with researchers in Southampton and are meeting in December to consider how our personal wellbeing mapping concept could be taken online. There seems to be increased interest in digital applications with initiatives such as [MindTech](#) and [NewMind](#). We hope to do more work in this area and explore ethical considerations with stakeholders.

We end the year welcoming two new trainee researchers to McPin, both appointed to use peer research skills on a range of projects including peer support and employment, as well as financial and mental health. We cannot deliver our work without expert and well supported staff. And in a year when world mental health day was all about workplace wellbeing, we end 2017 making a renewed commitment to do more, and do better to fulfil our charitable objectives. We thank all our newsletter readers for their support, and wish you all the best for the festive season.

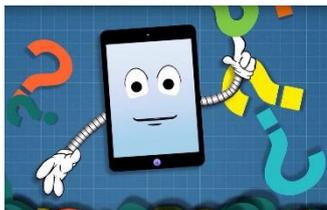


## Opportunities



**UCL** are currently recruiting for a **Service User and Carer Involvement Coordinator**. The Department of Health have commissioned a new Mental Health Policy Research Unit, run by a team lead from University College London and Kings College London. The involvement lead in the Unit is Dr Sarah Carr, based at Middlesex University. The successful applicant duties will include organising a Lived Experience Advisory Panel (LEAP) of mental health service users and carers, making links with other Policy Research Unit advisors, user- and carer-led groups nationally, and contributing to writing up and publicising the work of the unit for a wide audience. The role is for 2 days a week for 5 years.

You can find out more, including the person specification and application form, [here](#).



We are working with **NIHR Mind Tech** and the **James Lind Alliance** on setting priorities for future research on digital technology for mental health. Do you have questions about using digital technology for mental health problems? A second 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 show which questions are the most important to you, complete the survey [here](#).



**Blooming Monday.** The third Monday of January has become known as “Blue Monday”, the most depressing day of the year. This is, of course, rubbish. So on 15 January 2018 we at McPin will be supporting our friends at MHRUK in their bid to turn Blue Monday into Blooming Monday, by making our office as colourful as possible and raising some money for mental health research in the process. You can find out more and how to join in with Blooming Monday on [MHRUK’s website](#).

## Get Involved!

We need your help to make sure that mental health research has meaningful impact in the lives of those directly affected by mental health problems. Here’s how you can get involved:



**Ride for us!** Are you up for a challenge? Do you want to raise money for life-saving mental health research? McPin has places for RideLondon 2018 and we would love for you to join our team. Over the last three years our riders have raised thousands of pounds to support life-saving mental health research, and had great fun doing it. This year with your help we want to raise even more. And if cycling is not your thing, and you would like to raise money for mcpin in another challenge – we’d love to hear from you. Please email [contact@mcpin.org](mailto:contact@mcpin.org).

**Blog for us!** Have you been an advisor or co-producer of a mental health research study? Would you like to let people know how the involvement of people directly affected by mental health problems makes a difference or what it’s like to be involved in mental health research? Then please consider being a guest blogger. If you are interested, please email [contact@mcpin.org](mailto:contact@mcpin.org).



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