This is the twelfth edition of the quarterly McPin Public Involvement in Research bulletin. In these bulletins we provide news about mental health research and advertise any relevant user and carer involvement in research opportunities and events within the McPin Foundation. We also advertise opportunities for people to get involved in mental health research with other organisations. From time to time we advertise opportunities for people to take part in studies as participants.

If anyone has anything that they would like to include in our involvement bulletin or if you would like to be placed on the mailing list to receive future editions of the bulletin then please sign up here. You can email us at contact@mcpin.org or phone 0207 922 7874.

To sign up as a supporter of the McPin Foundation and to receive our organisational newsletter, also produced quarterly and distributed by email, please click here or go to www.mcpin.org
We welcome submissions of articles for publication in this bulletin on a voluntary basis. We reserve the right to edit articles that are submitted (in consultation with the contributor) before publication. The views expressed in articles in this bulletin are solely those of the authors and do not necessarily represent the views of the McPin Foundation.
Involvement Opportunities

People needed to help with a Research Study about using Immersive Virtual Reality to Transform the Lives of Patients with Psychosis

About

We are looking for people to support and develop a new and exciting study to help people with psychosis or paranoia.

The research group will be investigating if virtual reality (VR) technology can be used as a form of therapy for people with psychosis or paranoia. The therapy involves wearing a virtual reality headset which immerses the wearer into everyday situations and interacting with different people. Uniquely, in this VR therapy, a virtual coach will guide a user through their thoughts, feelings, and responses in social situations. This study also hopes to find out whether virtual reality is suitable for widespread use in the NHS as a psychosis therapy.

*We are particularly looking for people to support this study who have (or had) experiences of psychosis. You do not need to have experience of virtual reality.*

For more information about the study please click [here](#).

When is it happening?

The first meeting will be held in June and members of the group will attend face to face meetings 4-5 times per year over the next 3 years. Meetings will last for 3-4 hours with break and refreshments and lunch will be provided. Payment of £100 per meeting will be offered and all reasonable travel expenses will be reimbursed. This payment includes reading papers before meetings. Hotel accommodation can be provided depending on distance of travel.
What can you expect?

The function of the group is to shape and develop the research by providing opinions based upon their own experiences of psychosis. The group will include 12 LEAP members and some members of the research group will also attend meetings. The meetings will be informal and open discussions will be held.

Group members will need to:

- Have had experience of psychosis
- Have an interest in mental health research
- Be able to read meeting papers and prepare comments prior to meetings
- Live in or near one of the following study sites:
  - Bristol
  - Manchester
  - Newcastle
  - Nottingham
  - Oxford

The following will be asked of group members:

- Attending face to face meetings 4-5 times per year, over the next 3 years. Meetings will last for 3-4 hours with break and refreshments and lunch will be provided. The first meeting should be held at the end of June.
- Location of the meetings will be determined after the LEAP is assembled.
- We will require that people will need to be able to travel independently to meetings.
- In these meetings LEAP members will be asked to try out the VR technology and providing constructive feedback, and help to develop study materials which are aimed at the public.
- Reading papers ahead of meetings and with other group members providing expertise to support the study team decision making.
- Responding to occasional correspondence via email between meetings of the group.

Apply to:

Please find the application form file attached to this bulletin or click here to download the application form from our website. To request a paper copy of the application form, please contact Tillie Cryer by email (tilliecryer@mcpin.org) or phone (020 7922 7874). Applications will close on Friday 4th May 2018.

Who is involved?

The research group is led by Professor Daniel Freeman at the University of Oxford and funded by the National Institute for Health Research (NiHR) Invention 4 Innovation funding stream.

National Institute for Health Research
Calling Young Researchers!

Are you aged 16 – 25?
Interested in social justice and mental health?

We are looking for a group of young people to attend a consultation event to help us shape a research project looking at the impact of youth information, advice and counselling services (YIACS).

About the Consultation

We will be holding the consultation in London to help design a piece of research into Youth Information, Advice and Counselling Services (YIACS). YIACS are community based support services that provide a range of help for young people up to age 25, including mental health support and advice on issues such as housing, benefits and money. We want to find out the impact that they have on young people’s lives.

If we receive further funding for this project, there will be an opportunity to become part of a young people’s advisory group who will meet on a regular basis.

If you are aged 16-25 and have an interest in social justice and mental health then we want to hear from you! Please follow this link to complete this application by 5pm on Friday 4th May.

What’s in it for you?

- £60 + travel expenses for attending the group
- Full training for the role
- Lunch and refreshments
- A chance to be involved in a national research project

Event information

Date: Saturday 19th May 2018
Time: 12-4pm
Venue: McPin Foundation, 32-36 Loman St, London SE1 0EH
Three Advisory Group Members Needed!

About
The Centre for Mental Health and Human Rights, Institute of Mental Health (IMH), Nottingham is looking for three advisory group members with experience of mental distress to help with the setup of a Centre for Mental Health and Human Rights. It is hoped that the Centre will become a collaborating centre with the World Health Organization.

For more information about this, please click here.

What can you expect?

- It will be an ongoing role with a rolling three-year term
- The role will involve an annual meeting at the IMH in Nottingham, and ongoing consultation as required, mainly by email with some potential occasional meetings at the IMH
- It is expected that the total commitment will be approximately two days per year
- Successful candidates will be required to sign a code of working practice and a confidentiality agreement
- To facilitate payment, the successful candidates will also be required to be registered as volunteers with the IMH
- Payment of £150 per day, plus reasonable expenses, with reduced pro rata for services provided for less than a day.

Group members will need to:

- Have experience of mental ill health (broadly defined to include for example mental health difficulties, learning difficulties, mental disabilities associated with old age, and personality disorders).
- Knowledge of research and research design, evidenced either by academic qualifications or experience in research
- The ability to read and comment on strategic documents

More information about requirements are listed here.

Apply to:

Informal enquiries and formal applications may be made to Peter Bartlett (peter.bartlett@nottingham.ac.uk). Application is by covering letter with a résumé/CV noting education, employment, experience, and matters relevant to the criteria noted above. It should be supported by the names and contact details of two references.

Deadline for applications is 14 May 2018. Interviews of shortlisted candidates will be held after this date.
Become a Mind Reviewer

About
Mind are looking for reviewers to make sure their 100+ information resources reflect real life and are genuinely helpful for people, each one is reviewed by people with personal or professional experience of the topic before they are published.

When is it happening?
Ongoing recruitment.

What can you expect?
Reviewers who are selected and who complete the review before the agreed deadline will be paid £25. To be a reviewer you'll need to:

- Have access to the internet, and be able to use word-processing software
- Be willing to give a minimum of 2 hours of your time (at least an hour to read the material, and at least an hour to write your review).
- Return your completed review by the deadline agreed in your invitation email

Apply to:
Anyone can apply provided that you:

- have personal or professional experience of the topic
- are aged 18 or over (this is because Mind's publishing is aimed at adults, although we understand that some younger people also read our information)
- feel able to take on and complete the work

Please follow this link for more information and to apply

Who is involved?
Mind is a leading mental health charity in the UK.
Help young people with mental health problems through outreach and eHealth

About
Researchers at the London School of Economics and Political Sciences (LSE) are looking for young people between the ages of 16 and 25 with experience of mental health problems, who have used services, as well as those who have not, who are willing to give their perspective on how we can improve care and support for young people with mental health problems. The researchers are developing a mobile app to do this and would like input on how to make the app most useful. The researchers would also like to discuss barriers to service users and how their app might address some of these.

When is it happening?
An advisory group will be held at LSE in central London in March 2018. In the group participants’ will be asked to give their thoughts about the app. The researchers welcome anyone from the group to stay on and be involved in testing the app between April and July 2018. The researchers will also welcome people who may be unable to attend the group in March to be involved in testing the app later on.

What can you expect?
Travel costs will be reimbursed and each person involved will receive £10 as a token of thanks.

Apply to:
If you might be willing to take part please email Dr Madeleine Stevens (m.stevens@lse.ac.uk) for more information. Please also see this link.

Who is involved?
LSE is committed to providing scientific training in methods of investigation and research. The Personal Social Sciences Research Unit (PSSRU) has a branch at LSE. PSSRU carries out policy analysis, research and consultancy in the UK and abroad and current research programme includes the economic aspects mental health policy.
Participation Opportunities

Randomised controlled trial of COPe-support online resource for carers

About

Are you a carer of a loved one affected by Psychosis? The EFFIP (E-support for Families & Friends of Individuals affected by Psychosis) Project study group is recruiting carers of people affected by psychosis to take part in a trial which involves testing a new online resource which provides information, support and coping strategies for caregivers and promotes self-care of carers.

Who can participate?

Carers aged 18 or over supporting a loved one affected by psychosis are currently being recruited.

What does the study involve?

Participants will be randomly allocated to be given access to either the online resource or a non-interactive resource for 40 weeks. Participants will be advised to actively use the resource for the first 20 weeks (for around 45 minutes per week) to go through the relevant content and use the new skills. From week 21 to week 40, participants will continue to have access to the resource, but no active use or participation is expected from them. After 40 weeks, some of the participants are invited to a phone or internet based interview about their experience of using COPe-support. The participants’ mental wellbeing will be assessed throughout the study period.

For more information, click here or contact the study team using this form.
OxCAMs Study

About

Have you been experiencing mood swings? Have you recently engaged in risky behaviour, been so hyper that you got into trouble, had much more energy than usual and/or been so irritable that you started fights?

The University Of Oxford Department Of Psychiatry is investigating the role of calcium channels in mood instability, cognitive function and sleep in individuals (between 18 and 35 years old) who show some symptoms of mood disorders.

Who can participate?

Researchers would like to recruit individuals (between 18 and 35 years old) who show some symptoms of mood disorders. Participants will be reimbursed for their time and travel expenses.

What does the study involve?

This study involves being randomised to either a calcium channel antagonist (medication used to treat hypertension) or placebo, playing daily app-based games presented on an iPad, filling out daily and weekly mood questionnaires, as well as completing 2 MRI (Magnetic Resonance Imaging) and MEG (Magnetoencephalography) brain scans during a 4-week period.

For more information please email: oxcams@psych.ox.ac.uk

To participate in this study please complete this online questionnaire.
Postgraduate Opportunities

King’s College London

Mental Health Studies MSc

Our Mental Health Studies MSc course will equip you with the relevant knowledge in the field of mental health and provide you with the opportunity to examine one area further through both theoretical and empirical research.

While our Mental Health Studies course, which was established in 1992, offers mental health professionals a range of opportunities for continuing professional development, an equally high number of our students have not yet embarked on professional training. Some come with a relevant first degree, usually in psychology, and already have work experience in the mental health field.

Key benefits

- Choice of eight elective modules on offer in a number of different mental health fields.

- Regular contributions from practising clinicians, including world leading experts across all psychiatric specialities from the allied South London & Maudsley Hospital (SLaM), and from visiting specialist lecturers.

- Well-established Voluntary Clinical Placements module, offering placements within SLaM, the largest UK NHS Trust.

- Opportunity to join existing research projects or develop your own research ideas

For the course booklet, click here.

To apply, click here.

Dean’s scholarships now available, to apply click here.
University College London

Clinical Mental Health Sciences MSc

The UCL Division of Psychiatry is pleased to offer this programme focused on clinical practice in mental health and its evidence base. The Clinical Mental Health Sciences MSc integrates biological, psychological and social perspectives on mental health and caters both for psychology graduates and for clinicians wishing to undertake a broad-based, rigorous and flexible higher degree.

Students will develop an in-depth understanding of current evidence regarding mental health problems and the interventions provided to address them, as well as enhancing their research skills. A wide range of options from across the School of Life and Medical Sciences at UCL allows students to tailor a programme that fully fits their needs.

Key benefits:

- A choice of 2 core modules (Core Principles of Mental Health Research or Clinical Mental Health)
- 4 or 6 optional additional modules with 7 to choose from depending on the core module chosen
- Final research project
- Programme team can support students in obtaining volunteer placements in relevant mental health care and research settings
- Teaching consists of a mix of lectures, seminars, workshops and online learning
- The UCL Division of Psychiatry offers 5-6 awards worth £2,000 towards fees to students who show great promise as mental health researchers.

For further information about this course, click here.

To apply, click here.
INVOLVE Guidance on Co-producing a Research Project

In March 2018, INVOLVE released new guidance on co-producing research projects. The document aims to clarify what is meant by co-produced research projects. The guidance also explains key principles and features of co-producing a research project and how to identify these and outlining key challenges that should be addressed in further work for people using the co-production research model.

To download a PDF version of the guidance, please click here.
A UK wide partnership, including Chief Scientist Office, Health and Care Research Wales, Public Health Agency and the National Institute of Health Research have come together to produce a set of national standards for public involvement in research. It is hoped that this set of standards will improve the quality and consistency of public involvement in research.

To download a PDF version of the standards, please click here.

To read a blog about these new national standards written by the chair of INVOLVE, Tina Coldham, please click here.
When two cultures collide: The reality of being British Asian
Written by Humma Andleeb

Disclaimer: this blog post is an exploration of mental health issues within the south Asian community, and is not intended to disregard the positives of being British Asian. The original blog post is available online here.

Racial discrimination is an issue that manifests in multiple ways and affects most people of BAME (Black and Minority Ethnic) background. From institutional and economic discrimination to verbal racial abuse, the spectrum of discrimination is varied. The Institute of Race Relations states that in 2013/2014, 85% of all hate crimes reported were race related [1]. Taking into account unreported cases, it is clear that the scale of the issue is widespread. Today, on International Day for the Elimination of Racial Discrimination, I want to provide an insight into the repercussions of discrimination and how individuals mental health can be affected by it first-hand.

The South Asian community has been subject to racial discrimination for decades. It is also unique and multifaceted from other BAME experiences in the UK. Colonialism and independence meant that individuals felt inclined to uphold cultural values to retain their newfound identity. First generation British Asians adapted these attitudes after immigrating to the UK, which has directly affected second-generation British Asians like myself.

On top of this, the racism and discrimination we are subjected and exposed to further complexes the feeling of belonging within British society. I am a second generation Pakistani and I attended a school with a predominantly white-British demographic. I was also trying to maintain and respect values I was taught growing up, which meant I was always in conflict with who I was and who I should be. It is an overwhelming and confusing feeling that takes
over many aspects of your life. I felt like I was living two lives; on one side I was trying not to disregard my background and upbringing, but I was simultaneously trying to fit into the society in which I lived. The cross-over between the two cultures is referred to as “duplicity” and brings with it a whole host of issues.

As a young girl my mum would style my long black hair in a traditional plait unaware I was taunted with discriminatory comments at school making me incredibly conscious of my differences. I constantly felt like I didn't quite fit in. I experienced loneliness and confusion with not having a sense of belonging. The need to conceal aspects of your life in multiple contexts leads to grief. I felt I was constantly having to sacrifice or adapt my identity. The mourning of suppressing your individual identity in order to live up to expectations, or mourning the loss of acceptance from your loved ones is incredibly overwhelming and isolating. You are at a loss whatever decision you make, and this also has a devastating effect on your mental health. These issues are specifically relevant to women of colour, many of whom are able to relate to depression and anxiety, as well as suicidal ideation as a result of this immense pressure.

A lot of women find duplicity the most challenging during the high school period. Puberty is known as a time when individual identity is formed and social relationships are pivotal to the wellbeing of young people. However, this can place an increased pressure on women from a south Asian background. The expectations placed upon you culturally do not match up to social expectations or individual desires. These conflicts often lead to shame and disappointment from family, or the constant guilt as a result of conditioning.

These experiences are difficult to convey to people who have not experienced the “clash” of two cultures because people can’t relate to the same culture barriers. At the height of my mental health difficulties, I came across Sujata Bhatt’s poem “Search for my tongue” in GCSE English Literature where she describes constantly fighting between her “mother tongue” and “foreign tongue” and I felt relief that for the first time there was an accurate depiction of being British Asian to my peers.

Lack of understanding and ignorance to other cultures is a precursor for discrimination. Specifically within mental health services, statistics from the Mental Health Foundation show that people of BME background are less likely to access services and more likely to abruptly leave services [2]. Using Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Service (AMHS), I found that services were not tailored or appropriate to treat BAME people, and professionals lacked the tools to deal with the complex issues behind the effect of discrimination on mental health. Additionally, identifying as having a mental health problem within the South Asian community can lead to resistance and isolation from the community because of the stigma of mental health problems. Having a mental illness is thought to hinder life prospects such as successful employment, education and marriage prospects so individuals feel obliged to hide any problems.
A combination of all of these issues leave second-generation south Asians vulnerable to mental health issues as well as hesitant to want to access mental health services. This correlates with research findings that shows that people of South Asian background are more likely to only seek help and access services when they are at crisis point or even suicidal before they seek help [3].

Through addressing my mental health problems, I have learnt to embrace my differences and pride myself on my culture-rich upbringing and be proud of identifying as British Asian. I feel inspired to share my grandma’s tales of Pakistan during independence while enjoying and embracing the endless opportunities being British has provided me.

Despite all these negatives, there are equally as many positives. Being British Asian has enabled me to experience the best of both worlds. I am incredibly fortunate to be bilingual and love embracing my roots and experiencing the diverse culture when I visit family in Pakistan. I am also in a fortunate position to encourage change within the community in ways I would not have been able to if I was not British.

In order for us to tackle racial discrimination, we need to be more understanding and accepting of people who do not fit under the stereotypical definition of “British”. At McPin, we are making it one of our aims to increase diversity and promote inclusivity of the BAME community in research. We have to do more to appeal to people from under-represented groups so they are encouraged to pursue involvement and employment opportunities. Increasing diversity within the mental health sector, including research, will contribute to a generational change in attitudes and increased awareness of mental health from a younger age.

References
[1]: http://www.irr.org.uk/research/statistics/racial-violence/
[2]: https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities
Your Experiences in Research

The McPin Foundation Public Involvement in Research Team are looking to include a section in the Public Involvement in Research Bulletin called Your Experiences in Research.

In this section, we would like to invite people with lived experience of mental health to either:

- Write a short article (no more than 300 words) by hand or on the computer (we can transcribe handwritten pieces into computerised text for you if required)
- Produce a drawing or piece of art by hand or computer
- The content must be on the topic of Mental Health Research and your experience of involvement in mental health research, for example working on a lived experience advisory panel or patient advisory group.

We would love to see some of your creative flair and hope that the brief we have provided may give you some ideas. **It is completely optional if you would like us to include your name with your work in the bulletin, or if you would like it to be anonymous.** Depending on interest, more than one piece may be included or be used in later issues of the bulletin, inclusion of content will be selected on a first-come-first-served basis.

If you would like to produce some content or have any questions, please email (tillie.cryer@mcpin.org) or phone (020 7922 7877) and tell me **what you plan to produce and if you would like it to be anonymous.** We can also arrange for how you would like to send us your content (either by email or post). A £20 Amazon voucher will be given to you as a thank you for your contribution.
Mental Health & Research in the News

The following articles include edited content. The original material can be found using the links provided. The summaries were prepared by Tillie Cryer.

National Survivor User Network

Survivor Researcher Network Manifesto: Mental health knowledge built by service users and survivors

Written by the Survivor Researcher Working Group, the SRN manifesto sets out the background and context to survivor and service user research and SRN's aims and values as a network

When knowledge about mental health is created from the perspectives of people with lived experience of mental distress, a very different kind of research evidence emerges.

Survivor and service user research is carried out from the perspective of people who have experienced mental or emotional distress.

It is very different from traditional Patient and Public Involvement (PPI) in research because service users and survivors have control over the research process.

This type of ‘user-led’ or ‘user-controlled’ research has grown and developed from the political roots of survivor activism that seek to challenge the psychiatric system, bio-medical ‘illness’ models and collectively develop different forms of knowledge based on lived experience of mental distress.

An increasing number of service users and survivors are now involved in research in mental health in England. But service user and survivor-led research is an independent discipline in its own right.

The Survivor Researcher Network (SRN) is an independent, user-controlled and diverse network for all mental health service users and survivors who are engaged in or interested in research.

The SRN Manifesto has been written by the volunteer members of the Survivor Researcher Network working group who come from a range of academic and independent survivor research backgrounds.

It sets out the background and context to survivor and service user research and our aims and values as a network.

The full version of the manifesto and a summary document are available by clicking on the links.

If you would like to join the Survivor Researcher Network please contact Emma.Ormerod@nsun.org.uk
Portrayal of mental health in film and television

This article is based upon an article written by Hannah Jane Parkinson for The Guardian, you can access the full article here.

23rd March 2018

The Guardian - Unsane: how film’s portrayal of mental illness is (slowly) improving

An article recently published in The Guardian, discussed how people with mental health problems are portrayed in film and television has changed over time, using the new UK release of the new psychological thriller, Unsane, in March 2018. The film, directed by Steven Soderbergh, follows a young woman detained in a psychiatric hospital against her will. Given Soderbergh’s filmmaking history, it is clear that he finds mental illness and psychiatry interesting topics to explore since he previously directed Side Effects (2013), another psychological thriller.

Parkinson describes how onscreen treatment of mental illness evolved over the years, using examples such as in the film One Flew Over the Cuckoo’s Nest (1975) and how successful it was and how a film with themes of mental health was rare for its time of release. Parkinson also describes how historically, films involving people with mental health problems “follow the trope that people with mental illness are inherently violent and are to be avoided at all costs”, such as in Silence of the Lambs (1991) and Psycho (1960). The films are critically acclaimed, but can be considered to fuel negative stereotypes that still surround some perceptions of who people with mental health problems are.

Mental health has been a theme widely explored in film and television and Parkinson suggests that “audiences will always want to watch things they don’t quite understand”. Mental health is still an underdeveloped and underfunded area of research, so much of the wider public do not necessarily understand how the field has evolved. Filmmakers can capitalise on this, but as public awareness of mental health has slowly grown, films which explore characters experiencing mental health problems has changed. Perhaps more poetic films such as Silver Linings Playbook (2012) can be considered more authentic portrayals of service-users and people with mental health problems.

It is clear that progress has been made in recent years in film and television for portraying people with mental health problems, and it can be agreed with writer Charlie Covell that “seeing your own experience on TV or in film makes you feel less alone” which as Parkinson says can encourage people affected to “seek help”. Overall it is encouraging that the film and television industry is producing more sensitive, mental health themed content. Considering this form of media has such an influence all over the world, perhaps the visible shifts in perceptions in this industry may help to spread more accurate knowledge of mental health in others.

Unsane is out now in UK cinemas.

View the original article by Hannah Jane Parkinson for The Guardian here.
‘The Drugs Don’t Work’ – Or, Do They after All?

By Dr Chris Chatterton

The above heading is something of an editorial cliché when it comes to articles on medication, so apologises to the reader and The Verve, whose 1997 hit I am unashamedly referencing. But I couldn’t resist it, although this now says more about my age than being hip and trendy! Therefore, more Genesis than Arctic Monkeys.

Anyway, back to the article. Every so often a scientific paper is published that ends up causing something of a public and media storm. This happened again on 21st February 2018, with the publication of a paper in the respected UK based medical journal the Lancet. The paper was a systematic review and ‘meta-analysis’ of data from 522 studies on the efficacy (overall effectiveness) of a range of antidepressant drugs, which was conducted by Cipriani and colleagues.

The data for the meta-analysis came from ‘double-blind randomised controlled studies’, which are widely seen as the gold standard in pharmacology. Here patients with the same condition are arbitrarily split into two broadly comparable groups, with one group being given the ‘real’ pills to take, while the other group is given the ‘fake’ or placebo medication. With neither group knowing what they have been given. Then after the study is completed everyone is objectively assessed to see whether the ‘new’ medication offers any benefits in treating the ailment in question. With any improvements seen, above and beyond those found in the ‘placebo’ group, indicating that the active ingredients of the new drug are indeed beneficial.

In the UK, the NHS prescribed over 60 million items of antidepressant medication in 2016 (see Guardian article). These are used to treat a wide range of mental health problems, including the condition that the papers authors were interested in, major depressive disorder (severe depression). The term ‘meta-analysis’ is just a fancy way of describing the re-analysis of data from a collection of papers on the same subject, which helps to show the general direction that the scientific evidence is heading towards, and from which broad conclusions can then be drawn. These types of studies are often seen as more important by medical professionals, in comparison to smaller single study publications, because they usually involve data from many patients and are therefore less likely to represent a scientific anomaly. However, meta-analyses are not full proof and do have their limitations, with the main one being that their own integrity relies very much on the quality of the data they are analysing. And as the old computer programming adage says, ‘rubbish in, rubbish out’.
The Cipriani paper was reported on, by the tabloid and broadsheet press in the UK, with articles appearing in the *Daily Mail* and the *Guardian*. It was also covered on television, including the *BBC*. And there was significant discussion of the paper and media coverage on the Internet for many days after.

In many ways, the professional, public and media reaction to the paper is far more interesting than the work itself. Which is not nearly as ground-breaking or conclusive as proponents and critics of the research would have you believe. The excellent, NHS Choices website, which always gives a fair but critical appraisal of the medical research behind the news headlines covered the story particularly well. And I would urge readers to visit the webpage on the paper and its coverage, which can be accessed [here](https://nhschoices.nhs.uk/).

But for the purposes of this article, the researchers behind the ‘meta-analysis’ (based on data collected from the numerous studies that they collated) found that broadly speaking antidepressants were indeed more effective at treating individuals with major depressive disorder, than placebo’s. The latter are pills that contain no active ingredients, and therefore by their very nature should not offer any benefit.

These findings contrast sharply with the wider discussion around the subject in recent years, which has generally taken a far less positive tone. For example, the evidence supporting the use of anti-depressant medication in the treatment of various mental health conditions has been increasingly called into question, with concerns raised by experts from several academic disciplines, as well as the informed lay public. With many citing the apparent lack of definitive scientific evidence and potential side-effects of these drugs, as justification for their stance.

Commenting on their findings, the researchers (Cipriani et. al., 2018) claimed that due to the size and comprehensive nature of the study, this offered the most compelling evidence to date that antidepressants are a useful tool in the treatment of depression. For example, it was reported that the lead author, Andrea Cipriani, told the BBC that ‘This study is the final answer to a long-standing controversy about whether anti-depressants work for depression’ (see [article](https://nhschoices.nhs.uk/)). With the same article quoting the Royal College of Psychiatrists, as stating that this ‘Finally puts to bed the controversy on anti-depressants’.

In my view, both these comments were ill-judged, since the meta-analysis had significant limitations, which were outlined in the review by NHS Choices. These included the fact that most of the studies only covered the first eight weeks of treatment; there was significant variability in the quality of the different studies; and that the researchers did not look at the issue of ‘side effects’ and their potential impact on the efficacy of antidepressants.

The experts themselves must have also known that the scientific method, which forms the foundation upon which all science is based, works by ruling out hypotheses, and therefore by its very nature cannot provide a ‘final answer’ but only disprove something. This is referred to as the ‘falsification principle’. And those working in the field of psychiatry, with its many controversies, would have surely known that this paper alone, would not end the debate. Therefore, more a case of wishful thinking on the part of Cipriani and the wider psycho-scientific community than anything else, I think. And as any scholar of scientific controversies will tell you, they often rumble on for years and rarely, if ever, die out due to one side or the
other producing so-called ‘definitive evidence’. Instead, they usually stop when the various protagonists retire, or the field gets bored and simply moves on to the next ‘big thing’.

Returning to the most interesting aspect of this story, namely the professional, public and media reaction to the paper. This can be broadly broken down into three stages: Stage one (‘supportive’), Stage two (‘backlash’), and Stage three (‘backlash to the backlash’).

In the first stage, UK media articles about the research paper were broadly supportive, highlighting it’s ‘key findings' including the evidence apparently confirming the efficacy of antidepressants. With many stories including quotes from mental health experts delighted that the data supported their use, and how patients should therefore not feel worried or embarrassed about being prescribed or taking this type of medication. Here many experts highlighted the stigma that still surrounds the use of such drugs, and the potential effect this has on individuals with mental health problems.

However, over the following days, the reporting and discussion around the topic became more critical. With many commentators taking a distinctly moralistic tone, arguing that the UK was already a nation of ‘pill poppers’ and that this research would only make things worse. This represented what I see as stage two, the ‘backlash’. Here the drugs were often either described in highly derogatory terms, such as ‘happy pills’, or in a negative way, with reference to their ‘mind altering abilities’. Many of the articles following a well-trodden and hackneyed road, with reference to governments wanting to control their people, overbearing healthcare officials and profiteering pharmaceutical companies, as well as the potentially horrendous ‘side effects’ of such drugs. Whilst other articles concentrated on the apparent willingness of general practitioners to prescribe such medication, for what many commentators viewed as mild mental anguish, as well as the alleged rise in the number of patients asking for such medication and their apparent willingness to take it unquestioningly. Here the articles were more opinion based, rather than discussing the specific research and evidence around the topic. Anyone working in the mental health field will be sadly familiar with such commentary. And such is the prevalence of this type of discussion that it is widely referred to as ‘pill shaming’ (see Guardian article). In which, the almost constant tirade against the widespread use of antidepressants has led to many people being put off taking such medication, and those taking it to feel ashamed and embarrassed about needing them.

But interestingly, unlike many other previous debates around mental health in the past, in which the discussion around the topic would end up being shut down by the dominant cultural and societal view (that invariably takes a negative stance on the issue of mental health, including the use of antidepressants), the lively debate continued, particularly Online. Where there were ‘Tweets’ and various messages supporting the use of antidepressants. I have described this as indicative of stage three, ‘the backlash against the backlash’, with online users (many with mental health problems) now being more willing to challenge the dominant cultural norms and perceptions about mental health.
The media and public furore around this paper neatly encompasses many of the same difficulties that are faced by the mental health field in the UK. Where unfortunately, as in many other countries, society often still sees the issue of mental health in highly negative terms, with stigma around the subject and stereotyping still being rife. Although, in recent years there has been a concerted effort to challenge many of the preconceptions around the topic, including for example the ‘Time to Change’ campaign. And as shown by stage three (‘backlash against the backlash’) people now appear willing to discuss mental problems more openly, and to challenge societies wider understanding of the issue, including the negative perceptions around the use of antidepressants.

Sadly, the debate around the paper often degenerated into familiar dogma and half-truths, with opinions not always matching the evidence that was available. And this included many experts, and even the authors of the paper itself, who in my opinion overstepped the mark by claiming that their work was the ‘final answer’ to the controversy around antidepressants.

This is also illustrative of the wider culture in which we currently live, where debates have become increasingly polarised, with the emergence of ‘fake news’, lack of trust in expert knowledge, and the misappropriation of legitimate scientific evidence.

And as with many other issues in the real world, the ‘truth’ around the use and effectiveness of antidepressants, lies somewhere in the middle of these different perspectives. With many people benefitting from taking them, while others struggle with side-effects, and a few individuals probably being prescribed them unnecessarily. But of course, the acceptance of reality being somewhat messy with no clear-cut answers, does not make for good media copy, or enable individuals to engage in a ‘Twitter storm’.

But it is a shame that in 2018 we are still struggling to have a grown-up debate around the use of antidepressants, which have been around for many years now. And how debates around certain health issues, such as mental health, often lead to ‘victim blaming’ of patients. For example, having personal and professional experience of the mental health field over the last twenty-five years, I have yet to meet anyone who has ever taken antidepressants lightly, yet comments about ‘happy pills’ and ‘pill popping’ persist in the media and society at large.

For readers wanting a more nuanced and balanced discussion of the broader topic of psychotropic medication, particularly its pros and cons, I would certainly recommend the work of Dr David Healy, a professor of psychiatry from Wales. Although I suspect many of you will already be familiar with many of his patient and carer leaning publications on the subject.
The Mental Elf

In each bulletin, we will pick one of The Mental Elf research article reviews to highlight in the bulletin. In this bulletin we highlight:

Smartphone apps for depression: do they work?

*The Mental Elf* recently reported on a study looking at the available research evidence surrounding meditation and mindfulness smartphone apps and if they can help in the treatment of depression.

This study evaluated 18 previous trials which studied 22 different smartphone apps. These 18 studies looked at trials which involved participants testing these smartphone apps and researchers assessing their effect on the participants’ symptoms of depression using a range of assessment tools. The study found that there was some positive effects of using the apps on depression symptoms of participants with self-reported mild to moderate depression, compared to participants who did not use the apps in the control group.

The researchers concluded that there may be some therapeutic use for meditation and mindfulness smartphone apps for people with mild to moderate depression, but it is unknown whether these apps could have any therapeutic effect in people with major depressive symptoms.

*The Mental Elf* highlights that researchers should consider these findings and develop evidence-based tools to help with development of similar or more advanced apps which could be used as part of therapy for people with mild to moderate depression. You can read the full research article here.

To read more of The Mental Elf research reviews, please click here.

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