McPin Public Involvement in Research Bulletin

Issue 7: November 2016

This is the seventh 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](mailto:contact@mcpin.org). 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](mailto:contact@mcpin.org) or go to [www.mcpin.org](http://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

**NIHR Challenge Awards - help us decide how mental health research is funded**

Are you or do you care for a mental health service user?

Are you interested in helping decide how the NHS funds mental health research?

Are you enthusiastic with good communication skills?

If so we need YOU to apply to become a PPI member of our selection panel

The National Institute for Health Research (NIHR) is the research arm of the NHS. Its invention for innovation (i4i) programme provides funding to support the development of innovative healthcare technologies for patient benefit.

In January 2017 we will be inviting applicants to submit project proposals for our Challenge Awards. These awards aim to fund innovative technologies with potential to influence the patient care pathway and improve outcomes, in this case for those experiencing mental health problems.

We are seeking patient and public involvement panel members with the above experience to join our selection panel to help decide which projects will be awarded funding.

To receive an information pack and application form please email i4i@nihr.ac.uk.
Bipolar Research – Which outcomes matter most to you?

- Do you have a current diagnosis of bipolar?
- Are you a family member or carer of someone with a diagnosis of bipolar?

Would you like to take part in a project to help shape how mental health research is carried out? Would you like to help make sure that future research involving people with bipolar investigate the things that matter most to you? Have your say!

We are a research team who are carrying out work to establish which outcomes are most important when carrying out research on bipolar disorder. Our research involves asking groups of people to vote online for the most important factors to consider when we evaluate community mental health support for people with bipolar. Everyone taking part needs to vote twice so you must to be able to commit to taking part in two online surveys over a period of 3 months. Each round of voting will take up to one hour to complete. There will be a prize draw for £75 worth of shopping vouchers.

Interested? Please do get in touch to find out more by emailing us at partners2@contact.bham.ac.uk |
Call for literature on service users’ experiences of assessments in mental health

Do you know of any research that includes information on people’s experiences of mental health assessments? If so, survivor researchers at St George’s University of London would love to hear from you.

We are looking for research that explores any aspect of people’s experiences of mental health assessments in any health or social care service. This is part of a wider study aimed at understanding and improving people’s experiences of mental health assessments.

To tell us about any potentially relevant research, reports, dissertations or similar, or to find out more, please contact Angela Sweeney on 020 8725 6304 or at asweeney@sgul.ac.uk
Young people & Psychosis

Have you experienced psychosis?
Are you aged 16 to 25?
Sharing your experiences could help others!

[Image of young people]

www.healthtalk.org is a unique, award winning website run by a national charity. On the site you can read, watch, and listen to young people talking about their real-life experiences of health, illness and lifestyles. Interviews for the site are collected by University researchers.

We’re looking for young people who can help us to produce a new site, designed for young people about experiences of psychosis. If you would like to take part and are aged 16 to 25, our researcher, Fauzia Knight would visit you and ask you to talk about your experiences or make a video diary. You can choose whether we use a video, audio or text version of your interview. You can even have an actor speak your words! After the interview we will give you a shopping voucher to say thank you for your time.

We are interested in talking to people who have had an experience of psychosis themselves and are aged 16 to 25.

For more information, call, text or email Fauzia Knight. We will send you more information about the project. If you then decide you don’t want to take part - no problem.

Please contact Fauzia Knight here:

✉ fauzia.knight@phc.ox.ac.uk
📞 01865 617 865 or 07595 288 116
🐦 @FKnightOx

Health Experiences Research Group, Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG. www.phc.ox.ac.uk

Study approved by Berkshire Research Ethics Committee
YHT generic flyer V3 July 2015 12/SC/0495
The following opportunity originally appeared on the People in Research website (www.peopleinresearch.org).

To view full details of the opportunity please click here.

Developing a psychological intervention for depression in young people

A chance for people with experience of depression to help shape and evaluate a new intervention.

Full description:

This project aims to develop and evaluate a new psychological intervention for young people with depression. We would like to recruit two service-user consultants to be active members of our team to guide the development of the intervention. We would also like consultants to be involved in designing questionnaires and interviewing young people following therapy. Ideally, you would have experience of depression and of working with young people.

Date from

19th October 2016

Date to

19th July 2017

Organisation

King's College London - Researching Emotional Disorders and Development Lab

This project is funded by an NIHR fellowship to Dr Victoria Pile. The REDD lab is led by Dr Jennifer Lau and based in the Department of Psychology, in the Henry Wellcome Building of the Institute of Psychiatry, Psychology & Neuroscience, King’s College London.

Payment:

Participants will be reimbursed for their time (£10/hour for meetings; £15/hour for interviews and analysis).

Expenses:

Participants will be reimbursed for their travel.

For more details please contact Dr Victoria Pile. Email: victoria.pile@kcl.ac.uk.

Telephone 0207 848 0389
University of Worcester

PhD studentship in the area of perinatal mental health

Closing date: Sunday 13th November 2016. Interview date: Wednesday 23rd November 2016

The University of Worcester is seeking to grow its research capacity in relation to adult mental health. Applications are invited for a full-time fully-funded PhD studentship in perinatal mental health to commence in January 2017. The University of Worcester and its partner, South Staffordshire and Shropshire Healthcare NHS Trust (SSSFT; http://www.sssft.nhs.uk/), are offering this jointly funded studentship to explore and develop perinatal mental healthcare. The studentship is based at the University of Worcester.

For more details please click here.

For details of how to apply please see: www.worc.ac.uk/discover/phd-studentships.html.

University of Oxford

John Grace PhD Scholarship. Mental Health Research UK PhD Scholar at the University of Oxford. University Department of Psychiatry

Closing date: Friday 25th November 2016 at 12 noon. Interview date: Monday 12th November 2016 in Oxford.

We are pleased to invite applications for the John Grace PhD Scholarship 2017 to conduct psychological research towards a doctoral degree within the Oxford Cognitive Approaches to Psychosis (O-CAP) research group at the University of Oxford. The doctoral degree will start in October 2017.

The focus of the research will be on experimental studies using immersive virtual reality to reduce paranoia, and it will be supervised by Prof Daniel Freeman and Dr Felicity Waite. The Oxford Cognitive Approaches to Psychosis group comprises clinical psychologists, psychology research assistants, and DPhil students, researching the psychological understanding and treatment of psychosis. The team has a state-of-the-art virtual reality laboratory.
The scholarship funds a tax-free stipend (currently £14,296 per annum), plus university tuition and college fees, plus support for research expenses, conference attendance, and consumables. This is supported by a grant from Mental Health Research UK and Schizophrenia Research Fund. Applicants should have, or expect to gain, at least an upper second class honours degree in psychology at a BPS accredited course. Interests should include cognitive psychology and therapy, clinical psychology, paranoia and psychosis, and virtual reality.

Applications should be sent with a CV and a covering letter to Tracy Lindsey at tracey.lindsey@psych.ox.ac.uk or to Tracy Lindsey, University Department of Psychiatry, Warneford Hospital, Headington, Oxford. OX3 7JX.

For details of how to apply please see: www.jobs.ac.uk/job/AVD637/john-grace-phd-scholarship/

City, University of London. School of Health Sciences

Closing date: Wednesday 30th November 2016

Mental health and physical health services are known to be fragmented within the NHS (Naylor et al. 2012). This can have a major impact on the management of physical health needs of people with SMI. Our 18 month study in East London on the challenges faced by mental health service users in managing their Type 2 diabetes has illustrated a gap in support available to carers of people who live with both a SMI and long-term physical condition(s). Interviews with service users and healthcare professionals illustrated the crucial role provided by carers in supporting the day-to-day management of physical long-term condition(s) of people with severe mental illness (e.g. medication management, dietary adaptations, check-up reminders, moral support). Carers can play a key role in health promotion and prevention of further complications for the people they care for.

Whilst there are tools and resources available for carers of people who live with a single condition, there appears to be a gap in the literature with very little support and few resources available for carers of people who support the physical health needs of people with SMI. Very little knowledge is available as to whether any intervention to support this particular group of carers would be useful. The overall aim is to identify the factors that impact on family carers providing care and support to people with severe mental illness and physical long term conditions and to explore potential interventions to help this population. A doctoral studentship will provide: an annual bursary (£16,000 in 2016/17). All fees for PhD student registration paid for UK and EU students.

Applications are welcome from overseas applicants but the applicant must make appropriate arrangements to cover the difference between the overseas and UK tuition fee. Research costs up to £1000 over the three years.

For details of how to apply please see: www.city.ac.uk/health/research/doctoral-studentships
Participation Opportunities

Are you a RELATIVE of someone with PSYCHOSIS or BIPOLAR DISORDER?

Relatives Education and Coping Toolkit....

- Do you feel DISTRESSED?
- Would you like SUPPORT and information via an online toolkit for relatives?
- Would you like to take part in an ONLINE research study for relatives?
- If the answer to these questions is YES then we'd love to hear from you!

What is REACT?
REACT (Relatives Education And Coping Toolkit) is an online peer-supported toolkit for relatives of people with psychosis or bipolar disorder. The aim of this study is to test the effectiveness of REACT for reducing relatives’ distress and explore the costs involved in delivering this intervention.

Is this research for you?
Participants must be aged 16 years old or over, have access to the internet, and be able to understand written and verbal English.

Who are we?
We are a team of researchers from Lancaster University, Lancashire Care NHS Foundation Trust, Liverpool University and University College London. This project is funded by the National Institute for Health Research Health Technology Assessment (ref 14/49/34).

For more information or to register for this study please visit

www.reacttoolkit.co.uk

Or contact the REACT Team on react@lancaster.ac.uk

Poster Version 1.4 21.03.16
Are you a mental health service user or carer?

Would you like to complete a questionnaire designed to improve service user and carer involvement in mental health services?

We would like to invite service users and carers who have used a **UK mental health care plan** in Secondary Mental Health Services to help us develop a new questionnaire to measure user and carer involvement in physical health care planning in mental health services.

All participants will receive a gift voucher for taking part.

For more information, please contact us before the 1st December 2016.

The research team can answer any questions you may have and discuss the project in more detail with you to help you make a decision about participating:

Helen Brooks, tel: 0161 306 7784, mob:07552007535, email: Helen.brooks@manchester.ac.uk

You can also find an online version of the survey on this website: https://survey.ls.manchester.ac.uk/TakeSurvey.aspx?SurveyID=76MH9o36
What makes a ‘real’ patient?

The *BMJ* carried an interesting commentary piece by Rosumund Snow about patient participation. The author who has type 1 diabetes highlighted how after being awarded her PhD, she was often treated differently when participating in a study with researchers questioning her authenticity as a ‘real’ patient. Dr Snow also highlighted how the National Institute of Health Research (NIHR) has a policy of not allowing individuals with doctorates to become a member of a ‘patient and public involvement’ (PPI) group, although NETSCC part of the NIHR recently changed these rules, but they remain in place elsewhere.

The academic speculated as to the potential reasons for this ban, and came up with three thought provoking theories. The first, was that ‘real patients aren’t supposed to have knowledge’, and therefore make it easier for researchers work to go unchallenged. The second, was that ‘real patients don’t have the ability to acquire knowledge’, with researchers seeing patients as largely ignorant and again wanting them to have a passive input into research strategy. And thirdly, that ‘real patients need protecting from academics’, which assumes that the viewpoints of ‘non-academic’ patients will then become lost.

All three theories paint a rather negative picture of the motives behind not wanting to include ‘academic patients’ in PPI groups. But as the author says, what is wrong with allowing academics with lived experience of a condition to become a patient participant if they have something valuable to say? And why should researchers with personal experience of a condition not be allowed to explore an issue? Particularly, when assumptions about vested interest and bias, do not hold up to scrutiny.

Depression: A revolution in treatment?

A *BBC news* report asked whether scientists were on the brink of a new revolution in the treatment of depression, following research that suggests there is a link between the condition and an individual’s immune response and inflammation. Evidence is beginning to mount that the immune system can have an impact on brain functioning. Rheumatologists, for example, have noticed that giving patients anti-inflammatory drugs often improves mood, beyond what would be expected from the pain relief alone. The exact processes involved are not yet fully understood. But Professor Ed Bullmore, an expert in psychiatry at Cambridge University and advocate of this new area of research, was reported as saying that in order to tackle this significant problem scientists need ‘to be quite radical’ and ‘think differently’ about the condition. A documentary on the topic was also broadcast on *BBC Radio 4* in August, a review of which can be seen later.
Can apps improve your mental wellbeing?

An article in The Guardian looked at growing interest in the use of mobile phone apps as a method for delivering mental health treatments, and asked can they improve your mental wellbeing? The report showed how cognitive behavioural therapy (CBT) was already available digitally, and there were over 500 'mindfulness' apps offering various programmes. It also highlighted a study conducted by NHS researchers, who had designed an app to help people manage insomnia, which suggested that this was more effective than traditional treatments available through the health service. Proponents of app-based approaches therefore see this as offering great potential, particularly in being able to reach greater numbers of people.

However, the newspaper notes that other commentators take a more cautious view, including Rohan Gunatillake the creator of one of the most popular 'mindfulness' apps, Buddhify, who is concerned that the field has become too commercialised and that this may restrict access. And with mobile phone use and the Internet often being blamed for increasing levels of stress and anxiety in the workplace and at home, others question the wisdom of using such technologies to tackle these problems in the first place. However, the use of app-based approaches is clearly increasing, and it will be interesting to see how this field develops.

The Research Registry – Answering the call to register every research study involving human participants

An issue that has been highlighted for many years in the science community is the problem of what to do with ‘negative or sub-optimal data’ from studies. Most ‘negative data’ does not get published and this has a significant impact on science as a whole, particularly in terms of potential bias. In 2013, the UK Department of Health (DoH) as part of the Helsinki declaration on research ethics stated that ‘every research study’ involving human participants should be registered. But recent evidence suggests that this has not been successful. An editorial in the International Journal of Surgery highlights one attempt to rectify the situation with the creation of an online open-access research registry (researchregistry.com). As well as calling for all research studies involving human participants to be registered, its creators also promoted the scheme as giving scientists an avenue through which they can publish any ‘negative data’ their work may produce. To read the full article, please click here.
Involving people using social media

A joint initiative by Health Education England, NHS research and development North West and the NIHR has led to the launch of The Researcher, which is described as a ‘new digital magazine for health researchers by health researchers about what it’s like to be one’. The first issue was published in summer 2016. This contained a number of interesting articles, with professionals working in NHS research offering some great insights into their work. One article by Dr Cristina Vasilica (Salford University) highlighted how she finds social media a great way to engage with and involve patients in managing their own health, and included the findings of her research on this area. To read the full story, please click here.

Gene name errors are widespread in the scientific literature

In another interesting paper, this time published in the journal Genome Biology, it was reported that ‘Gene name errors are widespread in the scientific literature’. The researchers looked at supplementary files across 18 journals published between 2005 and 2015, and found that approximately 20 percent of the gene lists contained errors. The main problem cited was that many of these lists are created using Microsoft Excel, which often converts gene names incorrectly therefore leading to errors. The researchers suggest that authors, reviewers and editors need to be more careful, but that the primary cause is poor proof reading rather than anything more substantive. But in a scientific field that prides itself on accuracy this issue remains somewhat of an embarrassment.

To read the full paper, please click here.
Long term impacts of medication for bipolar

Medication side effects are a burning issue for many service users and carers. Yet research to date has failed to accurately reflect the prevalence of the adverse events and effects resulting from long term psychiatric medication use. This is a particularly urgent issue for people diagnosed with bipolar, as influential guidelines on its management, including those of the National Institute for Health and Care Excellence (NICE) and the British Association for Psychopharmacology, advocate the long term use of medications. This article provides an overview of a recent study looking at the long term physical impacts of medications used to treat Bipolar.

It is thought that approximately 1-2% of the population will develop bipolar disorder at some point in their lives. Of those who seek treatment, the majority are offered medications such as Lithium, which are often prescribed long term in what is known as ‘maintenance treatment’.

The effectiveness of these medications continues to be a focus of research. Systematic reviews and meta-analyses to date suggest that some medications are generally more effective than a placebo drug in reducing the severity of symptoms associated with a bipolar diagnosis. The exact mechanism by which these drugs work is still unknown.

In contrast to the evidence on the efficacy of existing medications in reducing the burden of some symptoms, there is only limited information on the prevalence of adverse events and effects resulting from their long term use. This presents those seeking treatment with a conundrum. What are the risks of taking psychiatric medication long term and how can these be balanced against the potential benefits?

At present there is very little for people to go on. All of the possible side effects are described on a medication’s accompanying leaflet, but there is currently no way of determining prior to consumption whether a specific individual will experience adverse effects. As with many other psychotropic medications, people who wish to explore it as a treatment option for bipolar must embark on a journey of trial and error.

For those who experience fast relief and few or no adverse effects, medication can be a life changing treatment. For others, the search for a medication that works can take months or years, and can include debilitating adverse effects along with any withdrawal symptoms as they try different drugs. Even for people who find a medication that is therapeutic, the lack of information relating to the long term impacts on physical and mental health can make it difficult for them to be confident in taking medication for a prolonged period.

I was therefore pleased that a new study led by Joseph Hayes at University College London has been published in PLOS Medicine, which looked at the adverse effects of the long term use of medications commonly prescribed for bipolar (‘Adverse Renal, Endocrine, Hepatic, and Metabolic Events during Maintenance Mood Stabilizer Treatment for Bipolar Disorder: A Population-Based Cohort Study’).
Mood stabilisers and antipsychotics can cause a wide variety of adverse effects. This study focused on the negative impacts of the four most commonly prescribed medications for bipolar: Lithium, Valproate, Olanzapine and Quetiapine. It looked at adverse impact on the kidneys; hormone glands such as the thyroid; the liver; and metabolism, particularly in relation to weight gain and associated hypertension/diabetes. Although Olanzapine and Quetiapine are relatively new drugs, Lithium was first approved for 'manic disorders' in 1970. Data was collected from The Health Improvement Network (THIN); a UK primary care database that contains anonymised patient information. In total, 7,000 individuals’ records were analysed for incidence of adverse effects. All study participants had a diagnosis of bipolar disorder and were taking one of the above mentioned medications.

The research concluded that, taken over the long term (up to 17 years), individuals prescribed lithium were significantly more likely than other participants to experience a deterioration in kidney function, known as Chronic Kidney Disease (CKD), as well as being more likely to develop thyroid problems. In many people, CKD does not result in any noticeable symptoms, but individuals are at significantly higher risk of developing both heart disease and stroke. Thyroid problems can cause a range of symptoms including weight gain/loss, fatigue, depression and hair loss.

Compared to people taking Lithium, individuals prescribed the antipsychotic Olanzapine had the highest rate of weight gain and new onset hypertension. Incidences of significant weight gain were also higher for individuals prescribed Quetiapine and Valproate. Significant weight gain can be one of the most distressing adverse effects of psychiatric medication. It can lead to problems such as cardiovascular disease and diabetes but also can affect people’s self-esteem and body image, which can have a negative impact on their mental wellbeing.

A key strength of the study is its large sample size and long follow up period. Most studies into the effectiveness of these medications do record incidences of adverse effects such as weight gain, but over a far shorter period of time (6-12 months). Given that many individuals take medications for longer periods and some adverse effects only become apparent after prolonged use, it is essential for research in this area to reflect the current prescribing practices.

However, I couldn’t help but feel a little underwhelmed by the study’s results. Although it is a welcome addition to an under-researched area, the Lithium related incidence of CKD and thyroid issues are already acknowledged in treatment guidelines that specify routine monitoring of individuals’ kidney and thyroid function. Furthermore, the weight gain associated with Olanzapine is also pretty well established. On an anecdotal basis, I have rarely met a person who is taking or has taken Olanzapine and not bemoaned the impact of the drug on their weight. Therefore, for me, the concluding remark, ‘given the need to balance an array of risks and benefits, an individualised and collaborative approach to treatment choice is likely to be most appropriate,’ sums up the crux of the issue. For many people who take psychiatric medication long term, they know what the benefits and adverse effects of their medication are because they experience them day in day out. Yet, with ever shorter appointment times and the tendency of mental health professionals to focus on 'symptom reduction', it can be difficult for people to find the space to address a complex and subjective question: ‘overall, is medication the best option for me?’
Understanding how individuals currently go about answering this question and how services can best support people to feel confident in their choice could provide the foundation for a personalised and holistic approach to treatment. Some small steps have already been taken to give us a better understanding of how pregnant women go about making decisions regarding psychotropic medication. A similar exploration of decision making processes relating to psychiatric medication use by the wider population is long overdue.

Article by Megan Rees

The inflamed mind

There is growing evidence that some mental health problems may be due to the brain becoming ‘inflamed’. In August BBC Radio 4 broadcast a programme about this entitled ‘The inflamed Mind’, which you can listen to here. The programme was fascinating and included interviews with some of the key researchers involved in this new field exploring the relationship between the immune system and mental illness.

It was encouraging to see that the radio programme and accompanying BBC news article also included the perspectives of service users.

But what does ‘inflamed’ actually mean? If you get knee pain, you are usually advised to do some stretching, take some ibuprofen, and not exercise for a couple of days. The idea being that this helps to rest the inflamed knee and ibuprofen will help because it’s an ‘anti’-inflammatory. But coming back to the question. The Oxford English Dictionary provides a few definitions. The most relevant seemed to be ‘a morbid process affecting some organ or part of the body, characterized by excessive heat, swelling, pain, and redness’. In the case of your knee, if it’s swollen, a bit red and it hurts then you are told that it looks a bit inflamed.

Inflammation itself is caused by the body’s immune system. This is meant to protect us from infections caused by invaders such as viruses. But the immune system can sometimes over-react or attack healthy cells, leading to a number of conditions ranging from arthritis through to lupus.

But what happens when the brain becomes inflamed? Unfortunately, this can lead to a number of serious problems. But to some extent it depends on how the brain becomes inflamed. If it’s due to the immune system fighting a viral infection you could get Encephalitis. This can sometimes lead to psychosis with individual’s often needing treatment in an intensive care unit.

A dysfunctional immune system may also cause psychosis in its own right.
Belinda Lennox, from Oxford University is quoted by the BBC health reporter James Gallagher as saying that up to “one in ten” people with psychosis for the first time have antibodies “targeting part of their brain circuitry”. Antibodies are a key part of the immune system. They help identify and destroy harmful invaders such as bacteria and viruses. But unfortunately these same antibodies can disrupt the way cells in the brain communicate with each other and this can lead to psychosis. Currently, the McPin Foundation is supporting a study called SINAPPS which is looking into possible new treatments.

New evidence is also emerging which suggests that the brain becoming inflamed may also play a role in depression. Carmine Pariante of King’s College London is quoted in the programme as saying that “nearly 30 percent to 40 percent of depressed patients have high levels of inflammation and in these people we think it is part of the causal process”.

This has led to a great deal of excitement in the scientific community, which is reflected in the title of the BBC news article, ‘Depression: A revolution in treatment?’ This is for two main reasons.

Firstly, there is a clear indication about what might be contributing to someone’s depression or psychosis (inflammation of the brain). The exact causes of most mental illnesses remain unknown therefore anything that sheds light on this is exciting. Secondly, there are already approaches available to treat inflammation and these could potentially be used to help people with mental illness. One such approach is anti-inflammatory medication.

In the SINAPPS study it’s a procedure called IVIG together with a drug called rituximab. It’s too early to say if any of these approaches will work. But at the very least identifying people with mental health problems suffering from inflammation might help doctors and others tailor more personalised treatments for them. This was one of the conclusions from a recent paper from Carmine Pariante’s research group.

Three things struck me when I listened to the Radio 4 programme. First of all is the connection between physical and mental health. The two are connected. Perhaps they should be treated as such instead of NHS services being broadly separated along ‘physical’ and ‘mental’ health lines with GP’s being left bridging the gap. Secondly, the level of excitement within the research community. A 2015 Lancet Psychiatry article makes an interesting point. This is not the first time that a possible physical cause of mental illness has caused excitement: “Early in the 20th century, there was great excitement when general paresis of the insane was shown to be due to syphilis and curable with penicillin, inspiring hope that similar organic causes might be found for other types of mental illness”. Why is the physical basis of mental health so exciting? Indeed this is the main focus of the remainder of the programme.

And lastly, that there are already treatments being used in a physical health context that might help people with mental health problems. The SINAPPS study is due to start soon. It will be interesting to see how things develop.

Article by Thomas Kabir
Book Review

Qualitative Research in Arts and Mental Health: Context, meaning and evidence

Edited by Theo Stickley

ISBN: 1906254397

This book, edited by Theo Stickley, associate professor of mental health at the university of Nottingham and expert on mental health, arts and health, counselling or nurse education, brings together three rather nebulous and difficult to define concepts – qualitative, art, and mental health – with the aim of proving, at least until the ‘common sense’ argument prevails, that the arts are good for people and should be valued and embedded in practice.

As well as definitions, arts for mental health faces a systemic difficulty. When it comes to healthcare, data is key. Funders and policy makers want evidence, and the form this tends to take is figures, laboratory testing, randomised control trials and money. But not only are creative and arts based interventions difficult to measure in this way, the individual patients and services users do not see the impact in terms of statistics but the effect on their own quality of life.

This book presents eleven key examples of arts-based projects that have sought to promote mental health. They include visual arts, craft making, writing, film-making and performance, and are given the term ‘participatory arts’.

Theo Stickley offers up diary extracts from his early days in the field, when as a mental health nurse in a ‘bleak…limited’ environment where people were ‘stripped of…independence and dignity’ when he set up a creative arts programme that went on to become Nottingham’s Art In Mind.

Asking the question ‘Is art therapy?’ Langley Brown explores the difference between art as therapy and non-clinical activity, and the role of the patient within this. The evolving programme in Liverpool is explored by Julie Hanna and Polly Moseley, with collaborative commissioning being identified as a key area for focus, and four schools are looked at by Edward Sellman and Anna Cunliffe, in a balanced report addresses dangers as well as benefits. Mick McKeown et al. and Shaun & Marian Naidoo both look at the role of film, one as an art form, and one as a research tool.

The final chapter by Helen Spandler and colleagues was undertaken as part of a national study to assess the impact of participatory arts provision for people with mental health needs,
and explores how arts can contribute towards a ‘recovery’ approach. Fostering hope, creating a sense of meaning and purpose, rebuilding identities and improving resilience are the hardest to standardise and measure, ‘yet may be the most profound and significant outcomes of participation in such projects’. Helen Brooks and David Pilgrim also consider the distinction between ‘transactional’ and ‘transformational’ change.

Effective art practice should not involve patients as subjects to do something to, but active creators along with artist facilitators, and so many of the chapters look at the perspective of the latter and their own experience. The research examples use various qualitative methods to capture the contexts and meanings of arts practice, with the aim of reflecting the voice of the participant through narratives discourse, ethnography or participatory action research. Researchers are by nature curious, and this curiosity should extend to exploring new methods of inquiry that are flexible and reflexive, truly reflecting the experience of the subject – but seeing that subject as a human being.

This, if anything, feels like the noble goal of Theo Stickley’s *Qualitative Research in Arts and Mental Health: Context, meaning and evidence*. To view art as a human experience in which the experience of humans matters. Identity, hope and resilience are all important attributes of a person’s life, whether they are deemed to have health problems or not, and arts based approaches offer a ‘unique and life transforming contribution to mental healthcare.’ this collection of research and documentation is one valuable step towards its recognition as such.

Book review by Francesca Baker

**Book reviewers wanted!**

If you would like to review a book for us then please let us know. The book needs to be on a mental health topic (ideally vaguely related to research, mental health services, and so on) and be reasonably priced.

We have a copy of *Searching for a Rose Garden: challenging psychiatry, fostering mad studies* edited by Jasna Russo and Angela Sweeney that was kindly sent to us by the publisher, PCCS Books. We would be particularly interested if anyone would be interested in reviewing this book for the next edition of the Bulletin.

If you write a review for us, we will buy the book for you, and we will give you a £20 gift voucher as a token of our appreciation.

Please email thomaskabir@mcpin.org if you have any suggestions.
Mental health research in the news

Could bad buildings damage your mental health?

The Guardian (16th September) reported on the role that the urban environment and buildings could play in our mental health, with research suggesting that the design and quality of buildings can have a direct impact on this. The article highlighted that while poor environments can be detrimental, the situation is extremely complex, with studies often producing contradictory findings. For example, high-rise estates are often cited as leading to a lack of community and social isolation, yet recent data suggests the opposite. This thoughtful article raises some interesting questions and is well worth reading, to view the full article please click here.

‘The pill is linked to depression, doctors can no longer ignore it’

The Guardian (3rd October) also reported on new Danish research that showed that women taking the contraceptive pill are at a greater risk of developing depression. The article pointed out that previous studies had produced similar findings, but that the medical profession seemed reluctant to address the issue. However, these new findings make it harder for the issue to be ignored. Scientists believe that the changes in hormone levels brought about by contraceptives also have an impact on mood, which in turn may increase the likelihood of some women developing depression.

But as ever, these findings need to be treated with caution, and doctors recommend that women should consult their GP before stopping contraception. To read the full article, please click here.

‘Young women at highest mental health risk’

A BBC News report (29th September) highlighted the findings of a new NHS survey, which showed that young women are at the ‘highest mental health risk’.

To read more, please click here.
Rising numbers of stressed students seek help

With students starting at universities across the UK this autumn, *BBC News* (30th September) reported on new research suggesting that student mental health services are under increasing strain, with growing numbers of people seeking help and cutbacks in resources. The story highlighted how campaigners are worried that many students are not getting the support that they need, which could lead to individuals experiencing worsening mental health problems in the future. To read more, please click [here](#).

The Mental Elf ([www.nationalelfservice.net/elf/mental](http://www.nationalelfservice.net/elf/mental))

The Mental Elf has again been busy finding and reviewing new research. In this section we pick out some of the highlights …

**Does taking antidepressants during pregnancy harm the child?**

**Here are the facts**

Research into the effects of any medication on an unborn child has always been extremely difficult. It’s a catch-22 situation. What if a medication harms the unborn child? What about the needs of the mother? How do you make an informed choice? For these reasons there is often very little research into the effects of many commonly prescribed medications on an unborn child or a pregnant mother.

Indeed from most research studies involving a medication being pregnant is strictly not allowed. The Mental Elf article is based on a new [paper](http://www.jamanetwork.com/journals/jamapsychiatry/article-abstract/2649616) published in *JAMA Psychiatry*. The paper is summarised as saying that “exposure to antidepressants in the womb is associated with a modest increased risk of speech and language disorders”. But the article is not nearly as simple as summarising a single research paper. For such a brief article the author does a good job at addressing the major issues involved in taking antidepressant medication during pregnancy.

Click [here](http://www.nationalelfservice.net/elf/mental) to read the article in full.
How can genetics help us better understand mental illness?

To mark *World Mental Health Day* on 10th October, the Mental Elf also published an interview with Andrew McIntosh, a researcher whose team has been awarded a Wellcome Trust grant to explore the genetic aspects of mental health. To read the full interview, please click [here](#).

Depot antipsychotics: If you pay me, you can keep injecting me

A few years ago some researchers from Queen Mary, University of London carried out a study to see if paying people would encourage them to take their antipsychotic medication. It goes without saying that research was quite controversial.

This research was reported on quite widely in the press national including the BBC.

The Mental Elf produced a [blog](#) on the original research study in 2013 but what happened next? Well, the results of a follow-up study just published. To read the Mental Elf’s critique of what happened next please click [here](#).

Other highlights include:

**Austerity and suicide: Are we placing health before wealth?**

Click [here](#) to read the article.

**Does recession = poorer health?**

Click [here](#) to read the article.

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