

NIHR

Applied Research Collaboration
South London

NIHR

Applied Research Collaboration
East of England



MHIN

Origins, development & reflections

MHIN Executive Committee
27th March 2025



The early days

- The ARC National Mental Health and Wellbeing Collaboration established June 2019
- Joint initiative led by ARCs South London and East of England
- National Leadership role on Mental Health
- No extra funding
- Aims
 - Identify opportunities to deliver impact and a step change in national practice;
 - facilitate enhanced dissemination of research findings and knowledge translation;
 - catalyse implementation at scale; and
 - address national questions that require collaborative approaches
- Second meeting October 2019 established working groups
- Led by Fiona Gaughran and Jesus Perez
- Managed by Jane Stafford
- Lead ARC Directors: Graham Thornicroft, Peter Jones

NMHWBC working groups

Working group 1: Embedding meaningful PPI/PCIEP in the network

- Convened by: **Tina Coldham** (mental health user consultant, trainer and researcher) and **Lorna Jacobs** (Senior Programme Support Officer and Operational PPI Lead, ARC East of England)

Work group 2: Scoping research foci and funding opportunities

- Convened by: Professor **Jesus Perez** (Lead Consultant Psychiatrist and Mental Health Across the Life course theme, ARC East of England)

Work group 3: Scoping capacity-building opportunities / options

- Convened by: Dr **Fiona Gaughran** (Reader in Psychopharmacology and Physical Health, King's College London, ARC South London) and Professor **Eileen Kaner** (Professor of Public Health & Primary Care Research, University of Newcastle upon Tyne, ARC NE&NC)

Work group 4: Scoping local-national scaling

- Convened by: Professor **Richard Morriss** (Professor of Psychiatry, University of Nottingham, ARC East Midlands) and Professor **Richard Byng** (Professor in Primary Care Research, University of Plymouth, ARC SW Peninsula)

Then..... November 2019

- £15m funding announced for NIHR ARC National Priorities Funding
- Mental health one of the priority areas
- Purpose:
- Bringing together NIHR ARCs with NIHR, AHSNs and other partners in the priority areas, to catalyse implementation of service changes at a supra-regional and/or national level;
- Identifying evidence-based solutions (such as new/adapted interventions or service delivery models) that meet system/patient needs and are prime for implementation in the short-term at a supra-regional and/or national level, including working with relevant stakeholders to identify and carry out any further applied research or evaluative work required to underpin this;

National priorities (2)

- working with stakeholders to support implementation of interventions at a supra-regional and/or national level, and undertake appropriate research and evaluation to provide evidence to support best approaches to this and wider implementation; and
- developing proposals for further research to support national and/or supra-regional implementation in the national priority areas, including applications for further funding.
- Please note that NIHR funding should not be used to undertake implementation or to fund the introduction of new services.
- Closing date February 2020
- Start date April 2020 – March 2023

Mental Health (including CYP) National priorities bid:

Aims

- To **catalyse and evaluate** the co-produced implementation of high impact, evidence-based mental health interventions, at key stages of the life course, supra-regionally or nationally within 3 years

Objectives

- To convene a bespoke **consortium** of key cross-disciplinary, cross-sector stakeholders in co-producing key aspects of the programme (WS1)
- To work with the consortium to identify and **prioritise service areas** that require improvement to meet system and individual needs (WS2)
- To identify **evidence-based solutions** to maximise the relevance and impact of the interventions at a population and individual level (WS3)
- To identify and agree feasible **methods for implementing** the required evidence-based solutions and to test their ‘implementability’ in a range of sites across the collaborating ARCs (WS4)
- To conduct formative and summative **evaluations** (WS5)

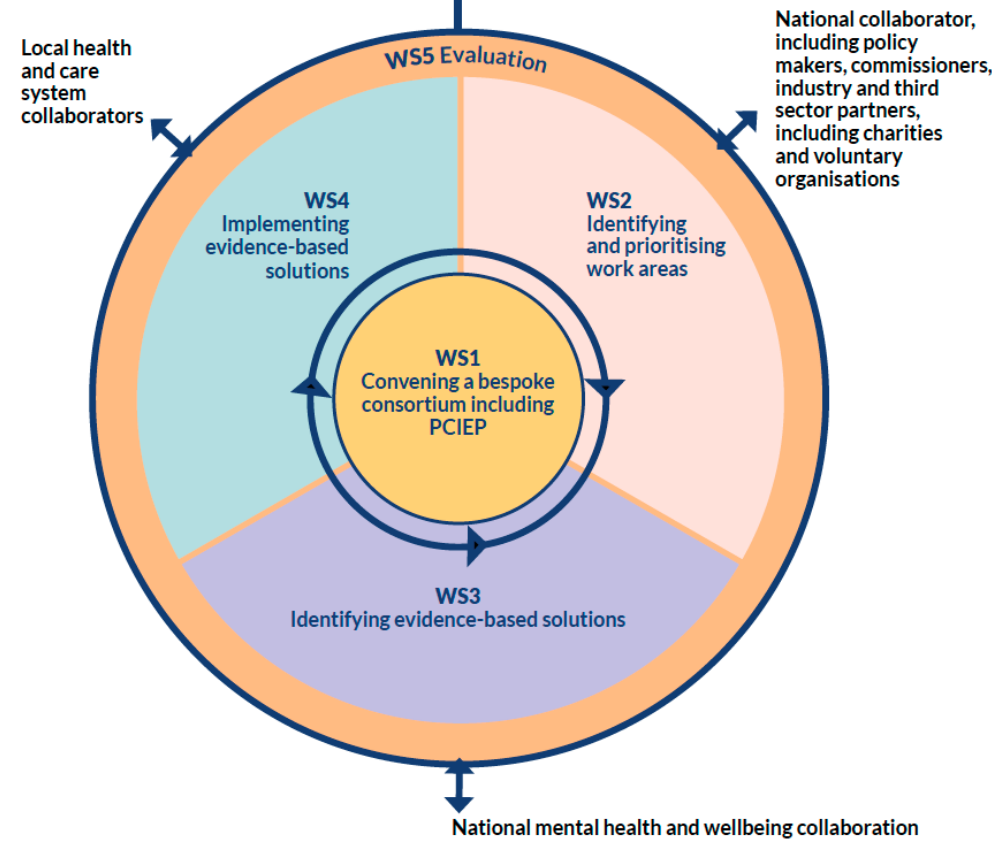
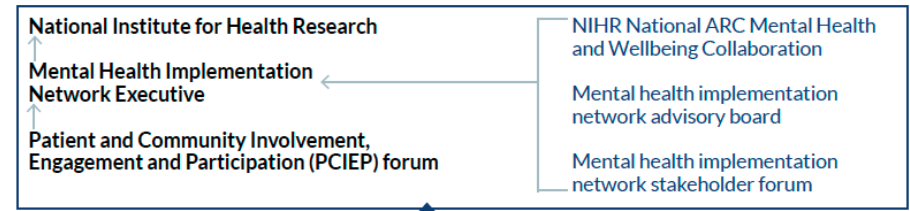
Planned outputs

1. **Service improvements and benefit to patients at a national/supra-regional level through implementation of evidence-based interventions.**
2. An **evidence-based approach** to implementation applicable to other health and social care problems.
3. A **national multidisciplinary MHIN** to support the **implementation** of evidence-based mental health interventions at scale and with maximum impact
4. A **report on priority mental health conditions and interventions** that offer the greatest opportunity for impact and benefit to patients for future use in the NHS.
5. **Applied research applications** building on the MHIN and outputs of the programme, including evidence gaps identified in WS2&3.

People at the application stage

- WS1: Convening a bespoke consortium including PCIEP (Drummond [ARC SL], Perez [ARC EoE], Coldham [Involve], Diggle [Mind], Dowling [CEO CPFT], Patrick [South London and Maudsley])
- WS2: Identifying and prioritising work areas (Littlejohns [ARC SL] and Whitty [ARC EoE], Stewart [ARC SL], Buchan [ARC NW Coast])
- WS3: Identifying evidence-based solutions (Perez [ARC EoE], Leng [NICE], ARC Mental Health and Wellbeing Collaboration partners)
- WS4: Implementing evidence-based solutions (Gabbay, le May [ARC EoE], Ricketts, Lelliot, Curran [National AHSN Network], ARC Mental Health and Wellbeing Collaboration partners)
- WS5: Evaluation (Boaz, Sevdalis [ARC SL])

**NIHR Applied Research Collaboration National Priority Area:
Mental Health, including children and young people's mental health
Mental Health Implementation Network - Organisational Diagram**



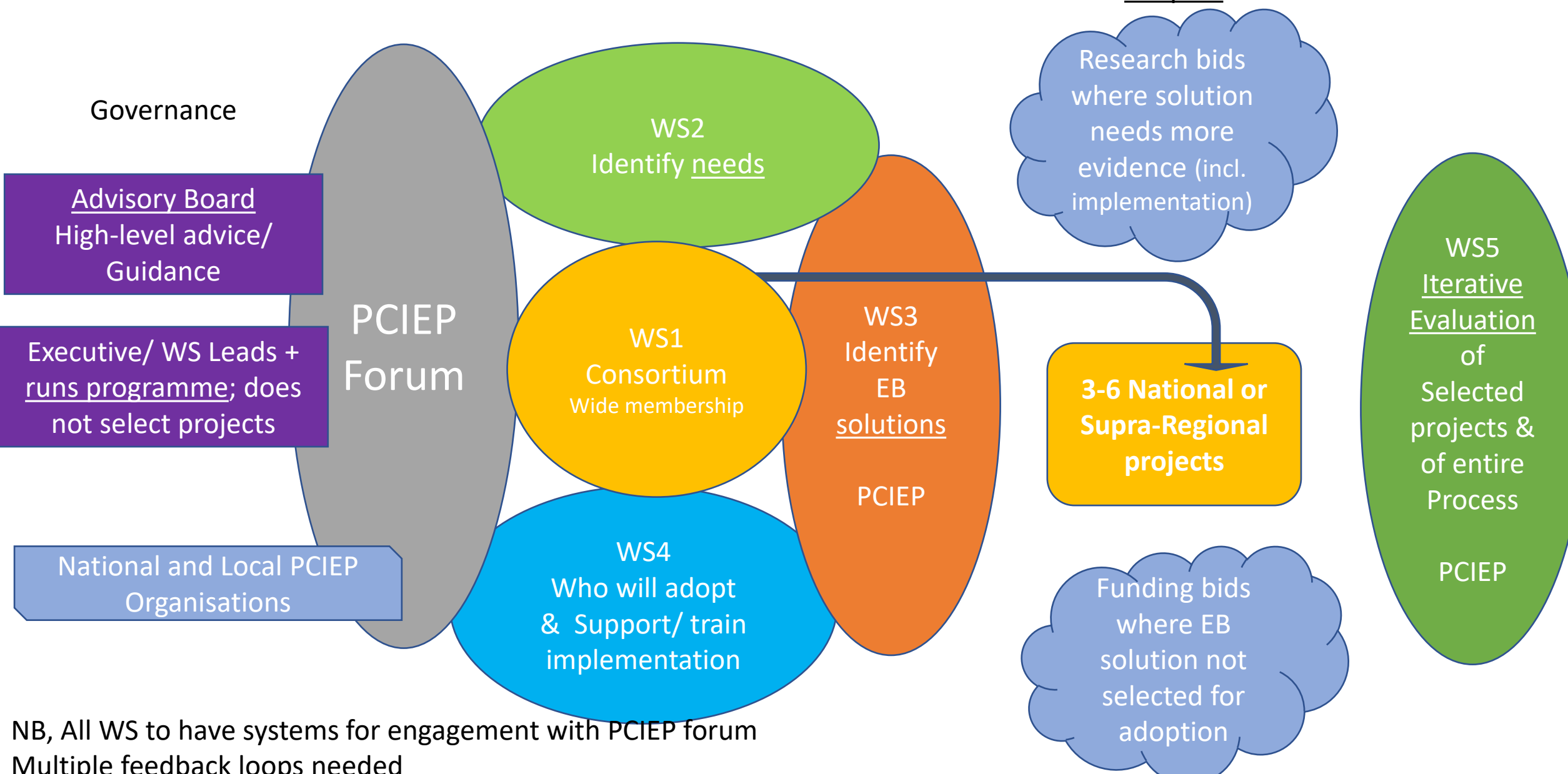
Workstreams				
<p>WS1 Convening a bespoke consortium including PCIEP (Drummond [ARC SL], Perez [ARC EoE], Coldham [Involve], Diggle [Mind], Dowling [CEO CPFT], Patrick [South London and Maudsley])</p>	<p>WS2 Identifying and prioritising work areas (Littlejohns [ARC SL] and Whitty [ARC EoE], Stewart [ARC SL], Buchan [ARC NW Coast])</p>	<p>WS3 Identifying evidence-based solutions (Perez [ARC EoE], Leng [NICE], ARC Mental Health and Wellbeing Collaboration partners)</p>	<p>WS4 Implementing evidence-based solutions (Gabbay, le May [ARC EoE], Ricketts, Lelliot, Curran [National AHSN Network], ARC Mental Health and Wellbeing Collaboration partners)</p>	<p>WS5 Evaluation (Boaz, Sevdalis [ARC SL])</p>

The 'tumble drier'

Some initial issues to deal with

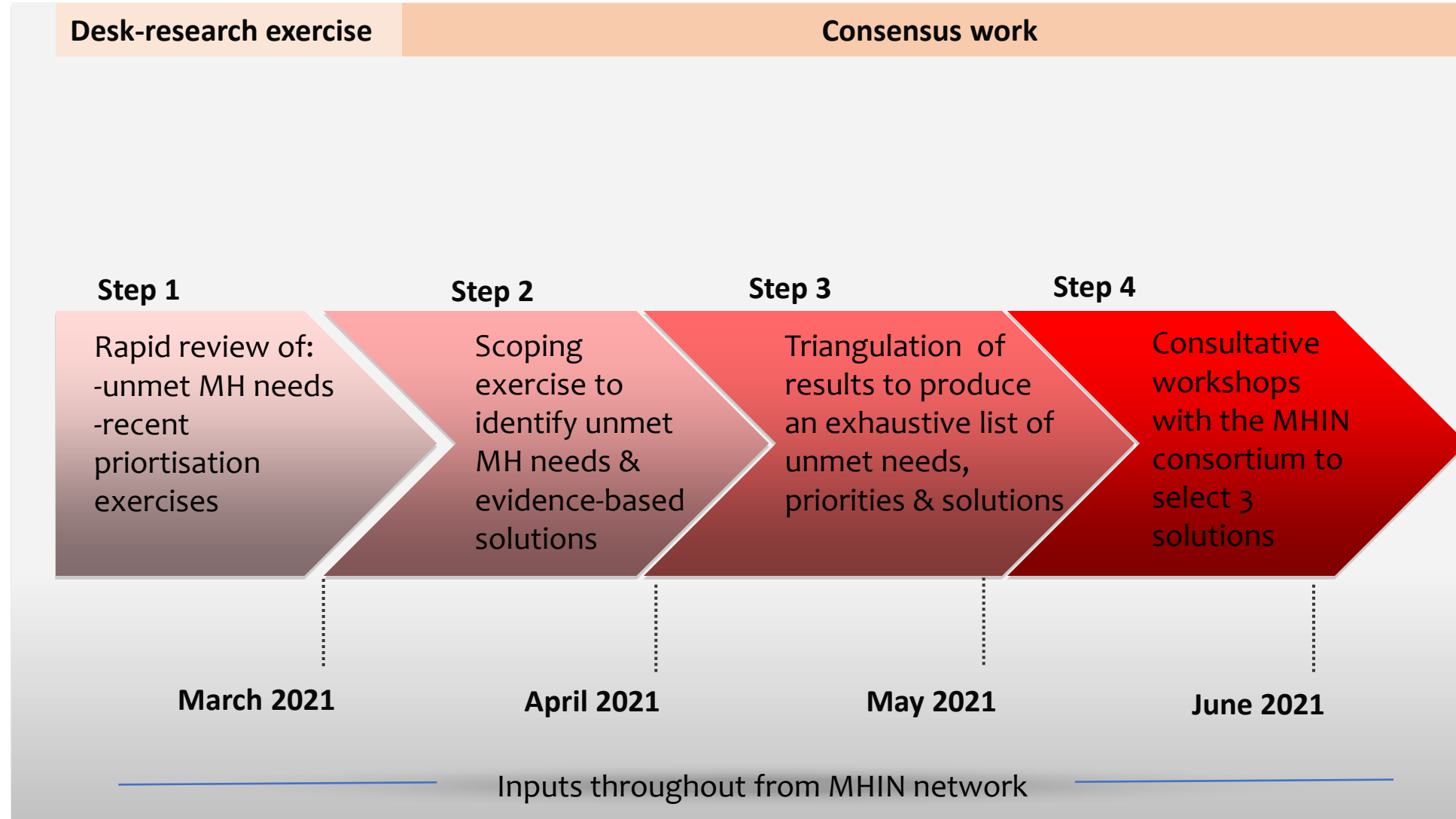
- Covid led to delayed start (April 2020 → Outcome June 2020 → funding approved September 2020 → 1st MHIN executive meeting November 2020)
- Budget negotiated post hoc
- Group of people, many of whom had not worked together before
- Different views on how to proceed
- Trust issues, legitimacy of leadership
- How to involve other ARCs, NMHWBC (overlap of remit)
- Funding cannot be used for implementation or funding new services
- Complex contracting arrangements

Mental Health Implementation Network



NB, All WS to have systems for engagement with PCIEP forum
Multiple feedback loops needed

WS2, WS3 Road map



Subsequent challenges

- Changes of personnel
- Delays in implementation – complex process, sub-contracting delays
- Differences of culture
- Tension between central direction and local autonomy: programme management, NIHR policy
- Delays in funding decisions from NIHR – opaque process, moving goal-posts, several iterations
- Constant flux and reorganization
- Financial constraints

Some personal reflections

- Most challenging research programme I have been involved with
- Amazing outcomes, particularly given the circumstances!
- Achieved because of the staying power, resilience and adaptability of key people, in spite of myriad challenges
- Richness and breadth of experience and expertise
- Enthusiasm and ingenuity of core team and project partners
- Excellent, dedicated early career researchers and project managers
- Important learning on mental health implementation – contribution to international literature, national capacity
- Benefit to patients
- Lasting legacy of collaborations and friendships