

Welcome to the NIHR ARC National Mental Health Implementation Network (MHIN) Launch Event

Chair: Professor Sir Graham Thornicroft
27th April 10am-12:30pm

NIHR ARC National Priorities Programme: Mental Health Implementation Network (MHIN)



MHIN launch event

Purpose: to launch the MHIN collaboration and invite all Applied Research Collaborations (ARCs) to collaborate with us on one or more of the four priority topic areas.

Aims:

1. To increase the profile of MHIN and invite interest in participation
2. To provide an opportunity for stakeholders from across the country to discuss solutions and evidence-based interventions to the key priority areas. [Parallel sessions]
3. To begin the process of establishing project groups. [share preference on feedback forms]

What intend to achieve at this event

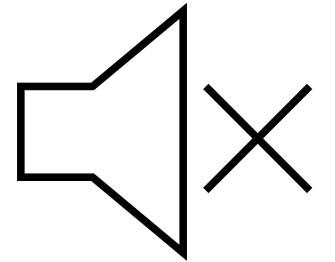
- One of the main aims of this event is to enable mental health stakeholders, who will be involved in and affected by this work, the opportunity to participate in conversations and help define the programme's interventions by sharing local implementation experiences.
- As a valued stakeholder within the mental healthcare field, we really appreciate your participation in this event to help ensure that the interventions identified are relevant to your clinical practice and the wider population.

Inclusivity

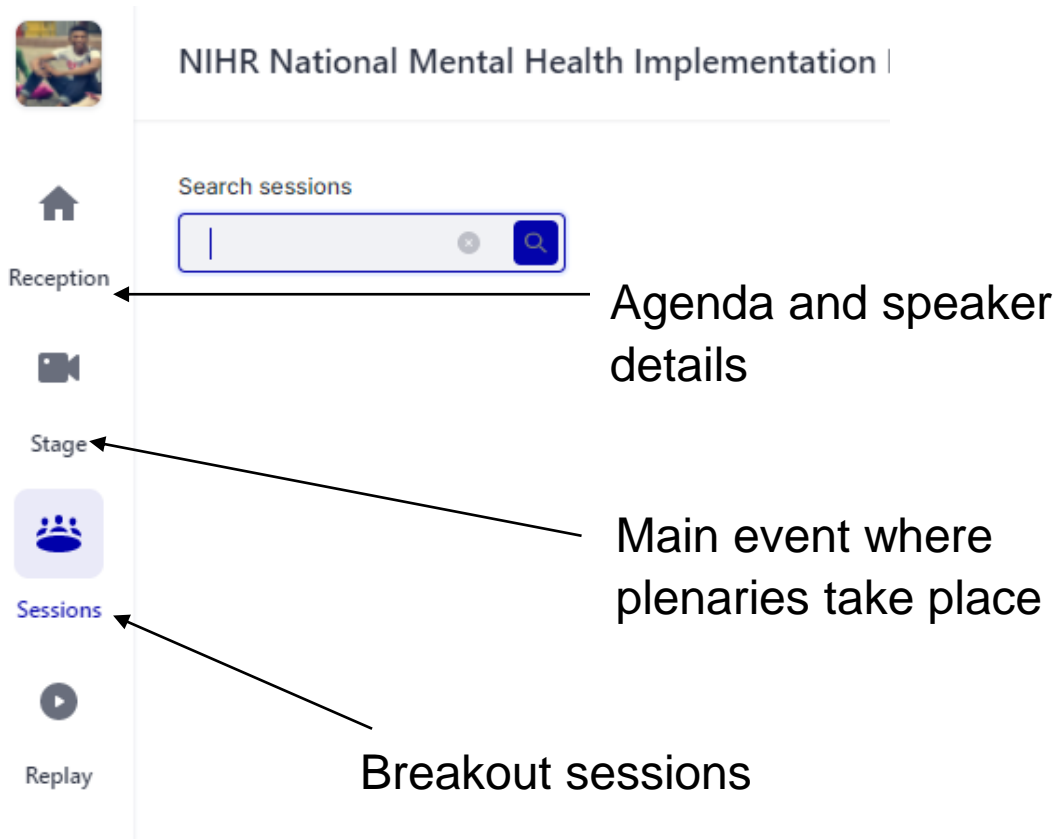
- To ensure an inclusive environment where open discussions can take place please:
 - avoid acronyms where possible
 - be respectful and allow room for constructive challenge
- After the event
 - share the information you receive, but do not reveal the identity of who said it without their consent

Housekeeping

- Hopin works best on Chrome and Firefox browsers
- All delegates will be muted throughout the event, so please use the chat or Q&A function to interact with the speakers
- The event will be recorded
- For any technical issues, please contact Flavia Bertini (flavia.Bertini@kcl.ac.uk)
- If you would like to Tweet about the event, please use the Twitter handle #MHIN @ARC_SL



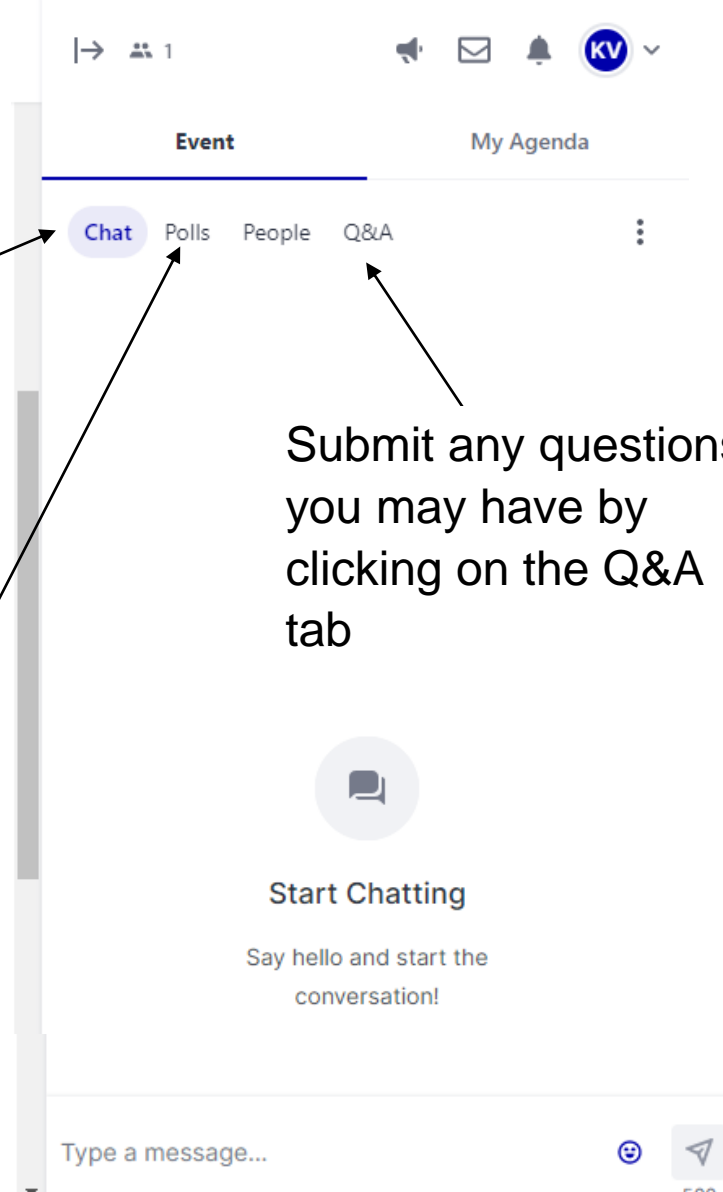
Navigating Hopin



Share thoughts, ideas and experiences in the chat

Vote using polls

Submit any questions you may have by clicking on the Q&A tab



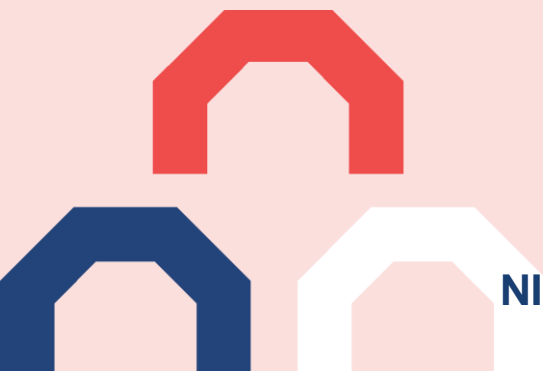
All features are listed on the Hopin Guidance hand out in the MHIN Launch Event Supporting Documents pack



Working together to improve delivery of mental health care across England

Professor Tim Kendall

NHS England's National Clinical Director for Mental Health



Patient perspectives on implementation of mental health care

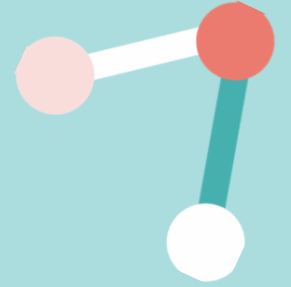
Steve Gilbert, OBE

Expert by Experience and Anti-Racism Consultant



The MHIN consortium: What do we want to achieve?

Professor Colin Drummond
MHIN Lead



NIHR ARC National Priority Area Consortia

- Children's health and maternity
- Prevention, including Behavioural Risk Factors
- Health and care inequalities
- **Mental health, including children and young people's mental health**
- Multimorbidity
- Adult social care and social work
- Healthy ageing, including dementia and frailty

*ARC = Applied Research Collaboration: a NIHR-funded regional collaboration between universities, health and social care providers, commissioners, charities, and local authorities

MHIN key characteristics

- Commissioned by the National Institute for Health and Care Research
- Jointly led by ARC* South London and ARC East of England
- 3 years funding from January 2021 – March 2024
- Problems being addressed:
 - Care gap in mental health
 - Slow translation from evidence to practice
 - Uneven implementation
 - Underserved populations and conditions

MHIN Aim:

- To **catalyse and evaluate** the implementation of high impact, evidence-based mental health interventions **supra-regionally** or **nationally** within 3 years

MHIN Objectives:

- To convene a **multidisciplinary consortium** of key stakeholders
- To identify and **prioritise service areas** that require improvement
- To identify **evidence-based solutions**
- To identify and agree feasible **methods for implementation**
- To conduct an **evaluation** of the implementation activity

What do we want to achieve?

1. **Service improvements and benefit to patients at a national or 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 and social care
5. **Applied research grant applications** building on the MHIN and outputs of the programme

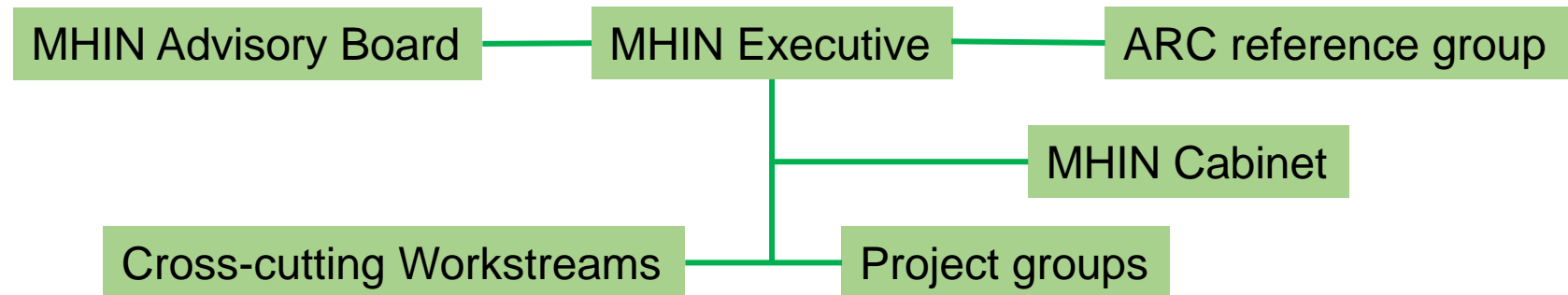
MHIN – final 4 priority topics

- Community engagement systems for people from ethnic minority communities to improve access to mental health care
- Improving Access to Psychological Therapies (IAPT)-style services for children and adolescents, especially in schools
- Integrated physical and mental health care for people with severe mental illness
- Integrated care protocols for co-occurring mental illness and substance use

MHIN programme organisation

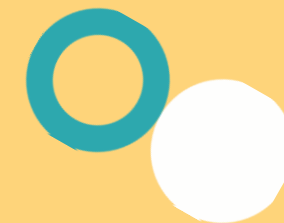
Cross-cutting Workstreams	
WS 1	Network coordination
WS 2	Patient and public involvement
WS 3	Solution development
WS 4	Implementation
WS 5	Evaluation
WS 6	Dissemination & funding bids
WS7	Capacity building*

Project groups			
Ethnic minorities	Physical health	Children & Young people	Substance use and comorbidity
Project lead(s)	Project lead(s)	Project lead(s)	Project lead(s)
Project team	Project team	Project team	Project team
Project collaborators (ARCs, AHSNs, providers, PPI)	Project collaborators (ARCs, AHSNs, providers, PPI)	Project collaborators (ARCs, AHSNs, providers, PPI)	Project collaborators (ARCs, AHSNs, providers, PPI)



*subject to funding

MHIN's Prioritisation Process

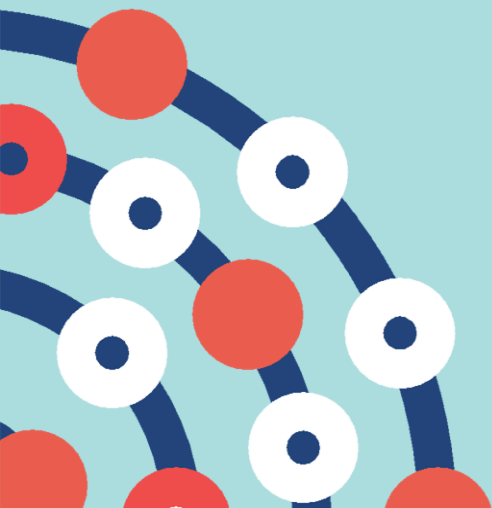
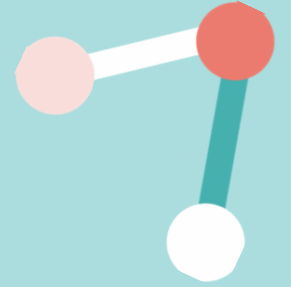
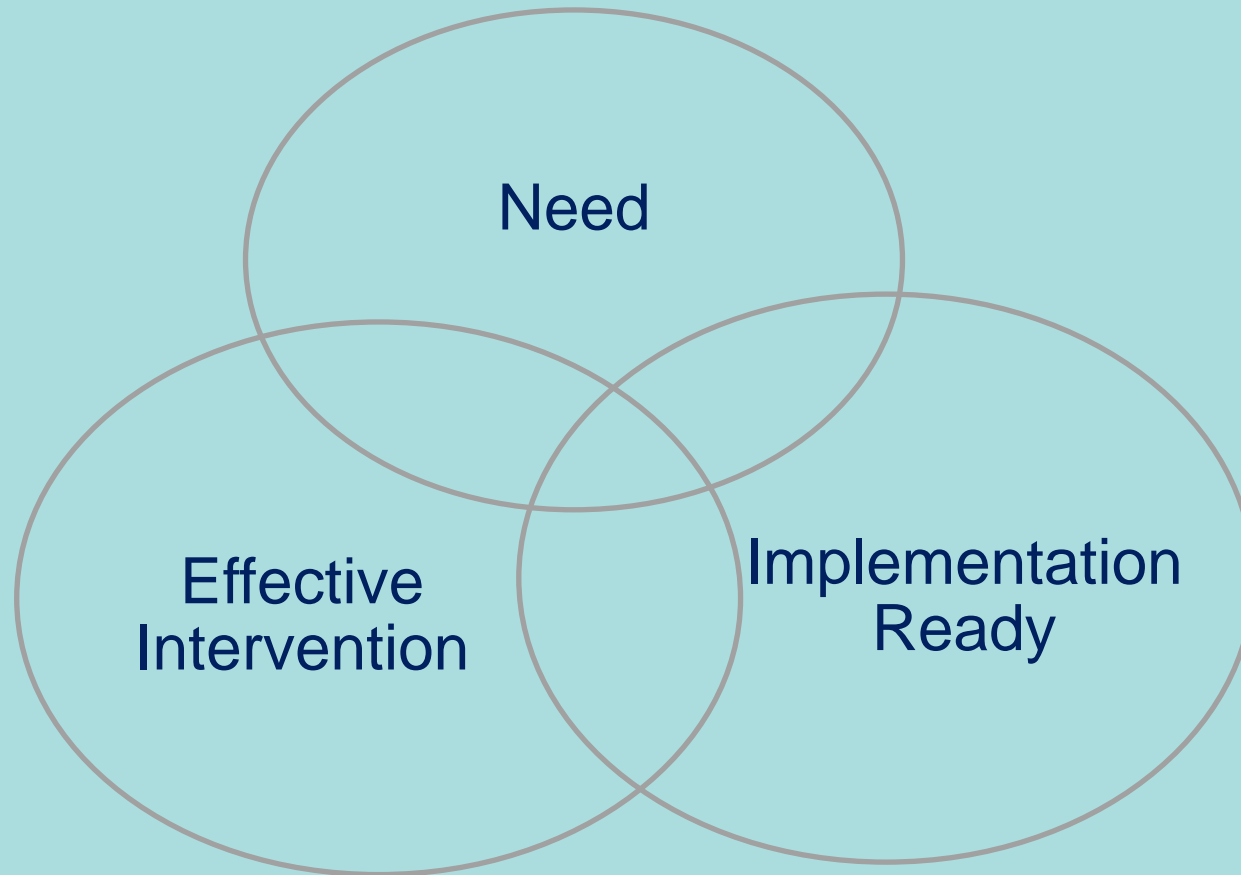


Professor Peter Littlejohns
Professor of Public Health

Dr Shalini Ahuja
MHIN Programme Manager



We were tasked to identify and
prioritise:



Prioritisation is never
easy!
Prioritisation is accepted
when it is:



open, transparent
and consultative

based on the best
available evidence

use socially
acceptable criteria

timely

Refine a list of mental health interventions in four priority areas and prioritise an implementable intervention

Priority Areas

1. Community engagement systems for people from ethnic minority communities to access mental health care (interventions =5)
2. IAPT-style services for children and adolescents, especially in schools (interventions =3)
3. Physical health care for people with SMI (physical health checks + interventions) (interventions =4)
4. Integrated care protocols for co-occurring mental illness and substance misuse (interventions =2)

Workshops in May- June 2022 co-chaired by 'Experts by Experience'

Criteria for selecting implementable interventions

Why?

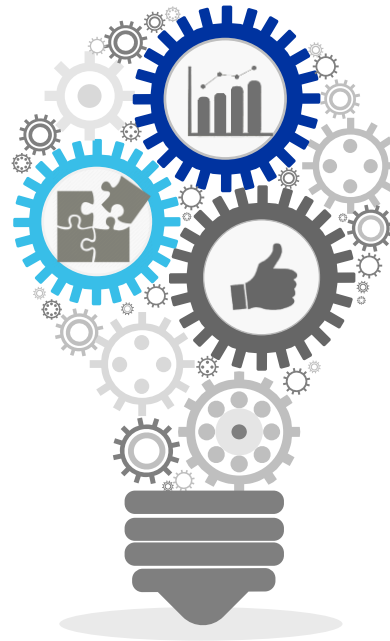
Does this topic area addresses local need

- Adoption appetite within local systems
- Local alternatives available?

Affordability?

Who all will put resources into help making this happen and how much will it cost

- Providers, commissioners receptive to implementation
- Cost of scaling up interventions



How?

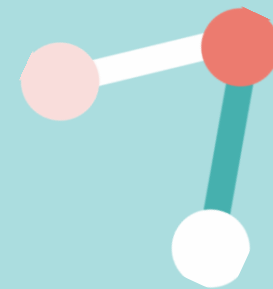
Interventions and their effectiveness

- Improves outcomes and provides economic benefits
- Co-produced by 'Experts by Experience' and addresses inequalities
- Commissioned outside research context

Source: Adapted from AHSN network checklist

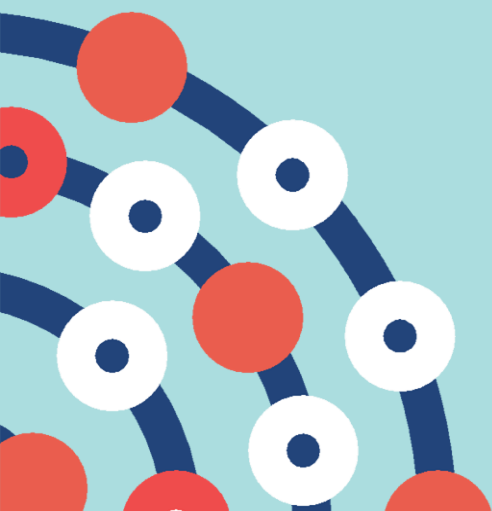
Q&A Session





Break

Please return at 11:00



Parallel Breakout Session 1



Topic 1: Community engagement systems for people from ethnic minority communities to improve access to mental health care

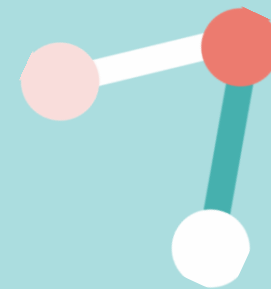
Topic 2: Improving Access to Psychological Therapies (IAPT)-style services for children and adolescents, especially in schools





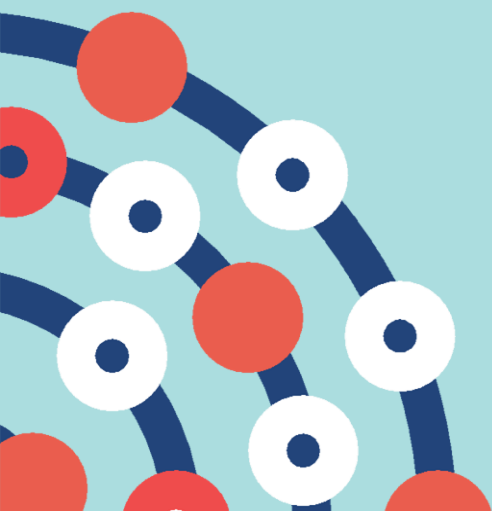
Feedback from Parallel Breakout Session 1





Break

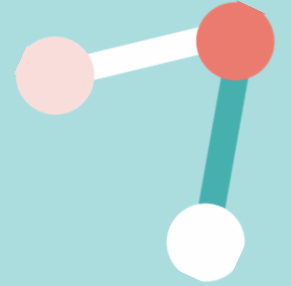
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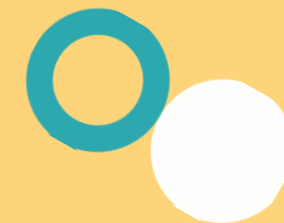


Parallel Breakout Session 2

Topic 1: Integrated physical and mental health care for people with severe mental illness

Topic 2: Integrated care protocols for co-occurring mental illness and substance misuse





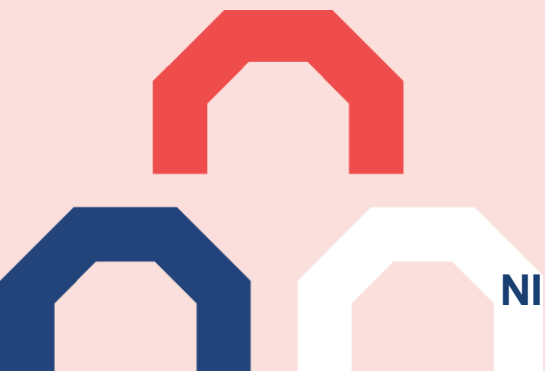
Feedback from Parallel Breakout Session 2





MHIN next steps

Professor Colin Drummond
MHIN Lead



MHIN next steps

Activity	By when
Recruitment of project leads	April 2022
Recruitment of project team	May 2022
Invite expressions of interest from project collaborators (ARCs, AHSNs, MH providers, charities, PPI)	May 2022
Finalise implementable solutions	June 2022
Implementation	July 2022 – April 2024
Evaluation	In parallel
Final report to NIHR	April 2024*

Closing remarks

Professor Eileen Kaner

Professor of Public Health & Primary Care Research at Newcastle
University

