



**Since September 2022, the MHIN has seen lots of developments across the programme, including the initiation of the three projects:**

- Improving access to mental health services for minority ethnic communities **(project1)**
- Children and young people’s mental health parent-led Cognitive Behavioural Therapy (CBT) **(project 2)**
- Integrated care protocols for substance use, mental and physical health problems **(project 3)**

To mark the establishment of our three projects, we have created this newsletter which will be the first of a series of MHIN updates that aim to keep you informed of the progress we make in these projects throughout the course of the programme.

**Prioritisation – How did we decide on the three topics and their interventions?**

The mental health areas where there is the most unmet need were identified following an extensive [stakeholder engagement exercise](#). These prioritised areas formed the three MHIN projects. A comprehensive literature review was then carried out to identify high-impact, evidence-based solutions to these high-priority issues. Various health sector organisations, innovators, patients, and the public were then invited to the [MHIN launch event](#) in April 2022 to submit further suggestions for interventions.

The interventions were collated, and a final shortlisting exercise took place to select the intervention that would be implemented in each project. Each intervention was assessed and ranked against the criteria below by the project groups, which are made up of individuals with a wide range of experience and expertise in implementation, evaluation, patient and public involvement (PPI), and the respective topic areas.

Criteria	
- Local need addressed	- Intervention providers/commissioners receptive to implementation
- Adoption appetite within local systems	- Intervention can be piloted and then scaled up
- Delivered improved outcomes	- Resources required to scale up are proportionate to impact expected
- Has clearly defined core components	- Intervention requires major/complex changes to the services/ pathways/ systems
- Cost effective and provides economic benefits	
- Implemented/commissioned in the real world	
- Patients involved in the intervention’s design and development	

Figure 1

## ARC Selection

We are delighted to announce that the following ARCs and their local partners have been selected to collaborate with us to implement the following intervention in their local areas:

**For Project 1 (Improving access to mental health services for minority ethnic communities)** Greater Manchester and Yorkshire & Humber have been selected to implement the Patient and Carer Race Equality Framework (PCREF)

**For Project 2 (Children and young people's mental health)** East of England and Northwest Coast will be evaluating the implementation of parent-led Cognitive Behavioural Therapy (CBT)

**For Project 3 (Integrated care protocols for substance use issues, mental and physical health problems)** Greater Manchester and Yorkshire & Humber have been selected to implement Alcohol Assertive Outreach Treatment

## About the projects

### **Project 1: Improving access to mental health services for minority ethnic communities**

Project lead: Dr Jayati Das Munshi (clinical reader in social and psychiatric epidemiology).

The PCREF intervention was agreed by the project group and Expert by Experience as the intervention that would be implemented as part of this project. PCREF met most of the criteria outlined in figure 1 and has been piloted already in some trusts ahead of the national mandate to implement the framework in all mental health trusts across the country.

### **What is the Patient and Carer Race Equality Framework (PCREF)?**

The PCREF is an organisational competency framework to help NHS services to provide culturally appropriate care. It is a practical tool designed to help mental health trusts work with minority ethnic communities and understand what steps the trusts can take to achieve practical improvements (NHS England). You can read more about the PCREF [here](#).



**Project 2:  
Children and  
young people's  
mental health**

Project co-Leads: Becca Randell (implementation lead for children and young people's mental health at ARC Kent, Surrey & Sussex), and Dr Daniel Michelson (clinical senior lecturer in the Department of Child and Adolescent Psychiatry at King's College London).

A key focus of this project will be on inequalities and safeguarding and the MHIN team will be supporting the collaborating ARCs to ensure these factors are embedded within their implementation and evaluation strategies.

**What is parent-led CBT?**

Parent-delivered Cognitive Behavioural Therapy (CBT) involves teaching parents cognitive and behavioural strategies (e.g., identifying and testing thoughts, graded exposure, and problem-solving) to improve anxiety problems affecting their children. This approach has been manualised by Creswell and colleagues (2010) and involves parents working through a self-help book with therapist support.



**Project 3:  
Integrated  
protocols for  
substance use,  
mental and  
physical health  
problems**

Project co-leads: Dr Amy O'Donnell (NIHR advanced fellow and senior lecturer in public health at Newcastle University), and Professor Colin Drummond, (professor of addiction psychiatry, King's College London).

For this project, only one intervention was identified as meeting the specified criteria, Alcohol Assertive Outreach Treatment (AAOT).

**What is Assertive Outreach Treatment?**

Alcohol Assertive Outreach Treatment (AAOT) is a model of care developed for people with severe mental health problems, alcohol dependence, and high levels of alcohol-related hospital attendance. These patients also have high levels of multimorbidity, including both physical and mental illness, and often experience extreme socio-economic deprivation. The aim of AAOT is to maintain clinical contact by supporting patients and service users at home or in their neighbourhood, rather than asking them to come to a clinical setting. Professionals provide advice, support, and guidance including the use of motivational interviewing techniques to encourage engagement with services.

## **Patient and public involvement (PPI) for the MHIN**

The PPI workstream for the MHIN is responsible for helping to ensure that lived experience is embedded throughout the programme. The team recently co-created an Involvement and Inclusion guidance document to illustrate what meaningful involvement is and how to support its implementation. There are a number of Experts by Experience already involved in the programme and the PPI team is now looking forward to working with the local implementation teams and people with lived experience related to each project in the selected ARC regions.

Jason Grant, Expert by Experience sitting on the MHIN Advisory Board describes the importance of inclusive involvement in this programme:

*“PPI is extremely important within the programme as it helps to create meaningful dialogue between us PPI members and the programme managers working on the themes. The quality and value of the research will be improved with the critical feedback being provided by us. I would encourage all public research projects to consider working with PPI members to ensure that the outcomes have more relevance towards the people who will ultimately be using the services being designed.”*



## **Contact us**

Have a question? Want to know how you can be involved? Feel free to send us an email.

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