

NIHR ARC National Priorities
Mental Health Implementation Network
(MHIN)

Launch event programme

27 April 2022 | 10am – 12:30pm

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Agenda

NIHR ARC Mental Health Implementation Network (MHIN) launch event

Chair: Prof Sir Graham Thornicroft | Wednesday 27 April 2022 | 10am – 12.30pm

10:00–10:10	Welcome, Introductions and Hopin’s ‘housekeeping’ Prof. Sir Graham Thornicroft (Chair)	10 mins
10:10–10:20	Patient perspectives on implementation of mental health care Steve Gilbert, OBE	10 mins
10:20–10:25	Working together to improve delivery of mental health care across England Prof. Tim Kendall	5 mins
10:25–10:40	The MHIN consortium: what do we want to achieve? Prof. Colin Drummond	15 mins
10:40–10:45	MHIN’s prioritisation process Prof. Peter Littlejohns and Dr Shalini Ahuja	5 mins
10:45–10:55	Q & A Session	10 mins
10:55–11:00	Tea/coffee break (5 mins)	

Parallel breakout Session 1

11:00–11:25	Community engagement systems for people from ethnic minority communities to improve access to mental health care Dr Jayati Das-Munshi	25 mins
	Improving Access to Psychological Therapies (IAPT)-style services for children and adolescents, especially in schools Dr Sarah Robinson	
11:25–11:35	Feedback from breakout rooms for session 1	10 mins
11:35–11:40	Tea/coffee break (5 mins)	

Parallel breakout Session 2

11:40–12:05	Integrated physical and mental health care for people with severe mental illness Dr Mariana Pinto da Costa	25 mins
	Integrated care protocols for co-occurring mental illness and substance misuse Dr Amy O’Donnell	
12:05–12:15	Feedback from breakout rooms for session 2	10 mins
12:15–12:25	MHIN next steps Prof. Colin Drummond	10 mins
12:25–12:30	Closing remarks Prof. Eileen Kaner	5 mins

Follow the event online on [Twitter #MHIN @arc_s_l](#)

2. Speaker biographies



Dr Shalini Ahuja, PhD

Shalini is an implementation science researcher and a physiotherapist by training. She has a PhD in public mental health research from King's College London and a master's in health management, planning and policy from University of Leeds. Her research focuses on the design, development, and implementation of behaviour change interventions to address challenges in mental health care, chronic malnutrition, antimicrobial resistance, and infection prevention and control, in diverse settings.



Professor Colin Drummond

Colin is professor of Addiction Psychiatry, Head of the Alcohol Research Group, and Consultant Psychiatrist at the National Addiction Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London and South London and Maudsley NHS Foundation Trust. Colin is a Fellow of the Royal College of Psychiatrists, Royal College of Physicians, Faculty of Public Health and an honorary fellow of the Royal College of General Practitioners. He is also Chair of the NICE guideline development group on alcohol dependence, Chair of the Medical Council on Alcohol, President of the European Federation of Addiction Societies and NIHR senior investigator 2017-2024. Colin is the alcohol theme lead at the NIHR Applied Research Collaboration (ARC) South London.



Steve Gilbert OBE

Steve received an OBE for services to mental health. Appointed as a Vice-Chair for the Independent Mental Health Act Review, Steve supported the chair in making recommendations to the Government, leading the work to improve outcomes for Black African and Caribbean communities. Steve is a Trustee for the Association of Mental Health Providers (March 2018 – current), and Mind (Sept 2017 – current) representing the experiences of people with experiences of mental illness, supporting work to reduce racial inequalities.



Professor Eileen Kaner

Eileen is professor of Public Health and Primary Care Research at the University of Newcastle upon Tyne and an applied behavioural scientist. Her interdisciplinary research focuses on illness prevention in high-risk, vulnerable groups with complex physical and mental health needs. Addressing inequity and social exclusion is at the heart of her work. Eileen is an Honorary Fellow of the Royal College of Physicians, an Honorary Member of the Faculty of Public Health and a non-Executive Director of her Integrated Care System (designate Board member). Eileen is Director of NIHR ARC North East and North Cumbria.



Professor Tim Kendall

Tim is NHS England's National Clinical Director for Mental Health. He is also Director of the National Collaborating Centre for Mental Health at the Royal College of Psychiatrists since 2001, where he chaired the first NICE guideline on schizophrenia. Tim has published widely, was awarded the 2004 Lancet Paper of the Year Award and is visiting Professor at UCL. Tim has been invited to consult to a diverse range of foreign governments. Tim continues work as a consultant psychiatrist for the homeless in Sheffield. He is a strong advocate for inclusion of people with lived experience and convened and chaired the first ever Expert Reference Group for NICE, which included lived experience members.



Professor Peter Littlejohns

Peter is emeritus professor of Public Health in the Centre for Implementation Science at the Institute of Psychiatry, Psychology & Neuroscience, King's College London and public health and multimorbidity theme lead at the NIHR ARC South London. From 1999-2012 he was the founding Clinical and Public Health Director of the National Institute for Health and Care Excellence (NICE). Peter is a Fellow of the Royal College of Physicians, the Royal College of General Practitioners and the Faculty of Public Health.



Professor Sir Graham Thornicroft

Graham is professor of Community Psychiatry at the Centre for Global Mental Health and the Centre for Implementation Science, Institute of Psychiatry, Psychology & Neuroscience, King's College London. He is also a Consultant Psychiatrist at South London & Maudsley NHS Foundation Trust, working in a community mental health team in Lambeth. He is a Fellow of the Academy of Medical Sciences, is a National Institute of Health Research Senior Investigator Emeritus and is a Fellow of the Royal Society of Arts, Honorary Fellow of King's College London and the Honorary Fellow of the Royal College of Psychiatrists. Graham is Director of NIHR ARC South London.

3. Breakout sessions

Each breakout session will introduce each project area and briefly cover the prioritisation process that was carried out for identifying potential interventions. These interventions will be presented and then the group will be asked to provide their input through chat/poll/feedback forms.

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

Evidence shows a much higher prevalence of psychosis spectrum disorders in ethnic minority populations. The 2014 prevalence report found prevalence of psychosis in Black men (3.2%) to be over four times greater. Furthermore, the unmet treatment needs are seven times higher in people with psychosis compared with the rest of the population. This results in mental health care pathways being fraught for Black populations, and disproportionately involving the police. Therefore, interventions in this area will aim to implement and evaluate community engagement systems for people from ethnic minority communities to improve access to mental health care. [\[Further info\]](#)

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

In the last three years, the likelihood of young people in the UK having a mental health problem has increased by 50%, according to The Children's Society. In a classroom of thirty children, five are likely to have a mental health problem. In the year 2019-20, only 391,940 children in England received treatment for problems with their mental health. This is just a quarter of the more than 1.5m children estimated to need treatment. Further, those who did access services often had to wait weeks or months for treatment, with only 20% receiving treatment within four weeks. It therefore is crucial to address this gap in treatment and services by supporting and implementing interventions designed to increase access to a range of psychological therapies for children and young people. Interventions in this area will aim to expand access to mental healthcare for children and young people using IAPT-style services, especially by increasing available support in schools. [\[Further info\]](#)

Integrated physical and mental health care for people with severe mental illness

There is a disparity between the physical health of people with serious mental illness and the health of those without. Obesity, smoking and chronic disease such as, hypertension, diabetes, respiratory and heart diseases are shown to be more prevalent in those suffering from serious mental illness. It is thought that both lifestyle factors and adverse reactions to psychotic medications contribute to this. Comorbidity in patients with serious mental illness is compounded by less-than-optimal care for the physical health in addition to poor access to their GPs/other health professionals. Hence, interventions in this area will aim to improve the quality of delivering physical health check-ups and their subsequent interventions in people with severe mental illness in early intervention services, with the possibility of expansion to Community Mental Health Teams. [\[Further info\]](#)

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

It is estimated that 75% of people using drug and addiction services and 85% of people using alcohol services had a psychiatric disorder in the past year. In addition to this, it's reported that approximately 44% of patients using community mental health services had problems with drug or alcohol use (Weaver et al, 2003). In relation to alcohol specifically, morbidity and deaths from alcoholic liver disease have doubled in the last 20 years (Williams, R et al, 2018). People with alcoholic liver disease live with multiple health conditions, including mental health conditions. In this group, people living on lower incomes and who face other health inequalities, are much more likely to become severely ill. Despite the high level of co-morbidity, only a few services provide integrated care for both mental health and substance use disorders. Interventions in this area will aim to implement new integrated care protocols for patients with co-occurring severe mental illness and substance use, including alcohol misuse. [\[Further info\]](#)

4. Background to MHIN

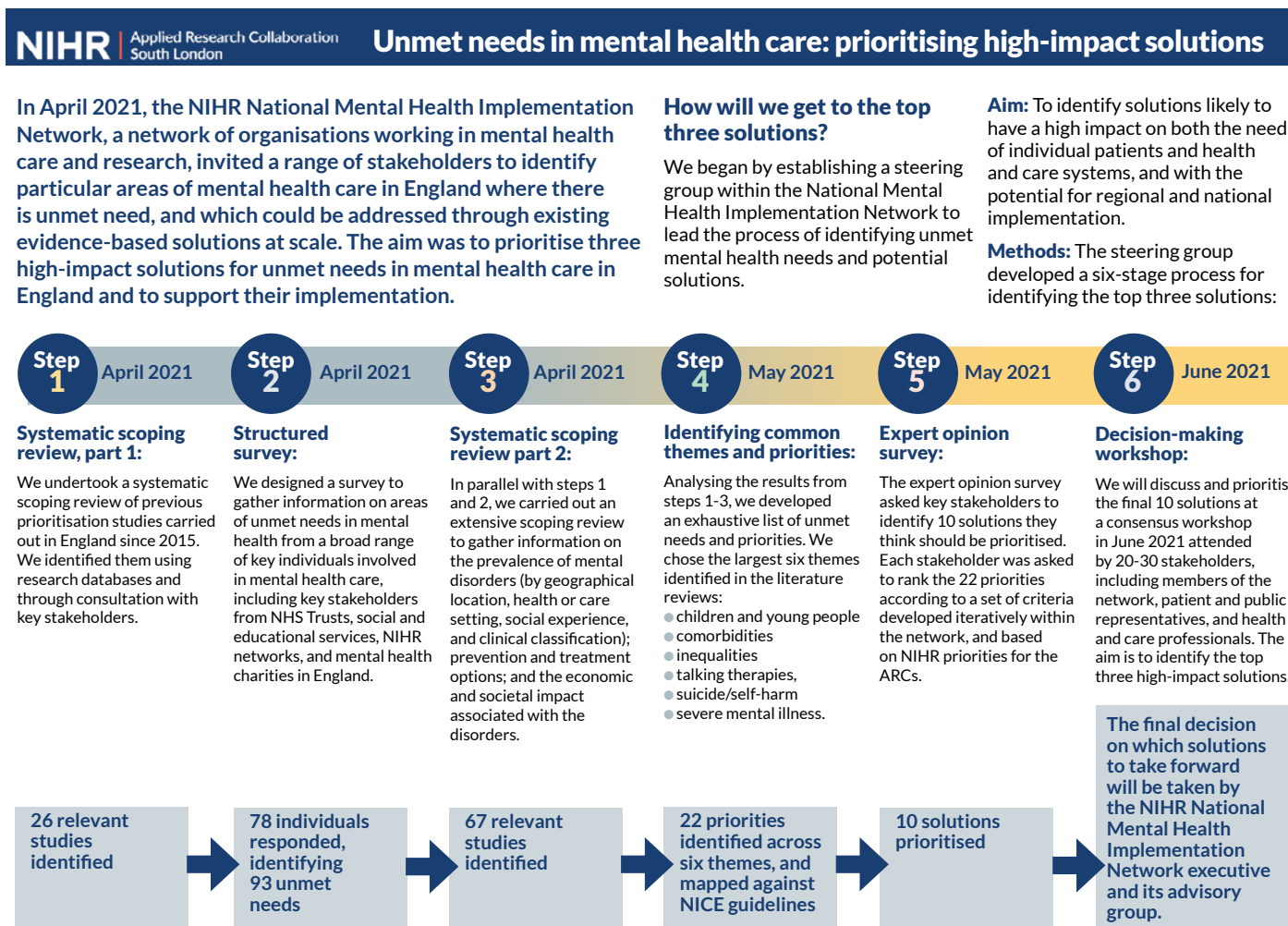
The ARC Mental Health Implementation Network is a collaboration of service users, local communities, health and care providers, commissioners, and a range of regional and national stakeholders, including charities and local government. It is led by NIHR ARC South London, working closely with NIHR ARC East of England as well as the other 13 ARCs nationally. The ambition of the MHIN is to implement and evaluate evidence-based interventions for mental health nationally.

The network

Our collaborators include, but are not limited to: all 15 ARCs in England, AHSN East of England, Northern Health Service Alliance (NHSA), Health Innovation Network, King’s College Hospital NHS Foundation Trust, London School of Economics, London School of Hygiene and Tropical Medicine, MIND, NHS England, NICE, Personal Social Services Research Unit, Rethink, Royal College of Psychiatrists, South London and Maudsley NHS Foundation Trust.

MHIN prioritisation process

Through a rapid yet comprehensive prioritisation process, the network selected four priority mental health topic areas for implementation within the mental health system in England:



In the next phase, from April 2022, we will establish four new project groups, covering each of the prioritised topics described in the section above on ‘breakout sessions.’

5. An introduction to the MHIN team, workstreams and networks

The MHIN team

The current MHIN team consists of:

- Shalini Ahuja, MHIN programme manager
- Flavia Bertini, MHIN administrator
- Annette Boaz, Co-lead for workstream 5 (evaluation)
- Jayati Das-Munshi, Co-lead for workstream 1 (network management and coordination) and lead for workstream 7 (capacity building)
- Colin Drummond, MHIN Programme lead and co-lead for workstream 1 (network management and coordination)
- Laura Fischer, Co-lead for workstream 2 (patient and public involvement)
- Lucy Gallagher, Coordinator for workstream 2 (patient and public involvement)
- Peter Jones, Chair of the MHIN ARC Reference Group and Director, ARC East of England
- Afra Kelsall, Senior Advisor for workstream 4 (implementing evidence-based solutions)
- Sundus Khalid, Researcher for workstream 3 (identifying evidence-based solutions)
- Zoë Lelliott, Co-lead for workstream 4 (implementing evidence-based solutions)
- Peter Littlejohns, Lead for workstream 3 (identifying evidence-based solutions)
- Sarah Rae, Co-lead for workstream 2 (patient and public involvement)
- Sara Robinson, Co-lead for workstream 4 (implementing evidence-based solutions)
- Silvia Rojano-White, MHIN administrator
- Nick Sevdalis, Co-lead for workstream 5 (evaluation)
- Sir Graham Thornicroft, Chair of the MHIN Advisory Board and Director, ARC South London

We also have experts from across England on our advisory and executive committees. We are currently in the process of recruiting a Deputy MHIN lead and Project Group leads.

The workstreams

Each of the four project groups will be supported by seven cross-cutting workstreams:

Workstream 1 engages the network of partners and collaborators and coordinates the activity of MHIN.

Workstream 2 is of vital importance to embedding the diverse involvement of people with lived experience across the MHIN programme, including coordinating topic-relevant national and local patient and public involvement (PPI) within each project group.

Workstream 3 supports project groups in refining and adapting the solutions for intervention, relevant to local needs.

Workstream 4 provides methodological expertise and support on implementation and ensures appropriate engagement of Academic Health Science Networks (AHSNs) and providers across the project groups.

Workstream 5 applies implementation evaluation methodologies in conjunction with workstream 4 to ensure consistency of approach across project groups and generalisable learning, whilst accommodating special local challenges.

Workstream 6 coordinates communication and dissemination of findings from the programme.

Workstream 7 is ensuring capacity building initiatives are embedded within the network.

6. Patient and public involvement vision for MHIN

The public and community involvement, engagement and participation (PCIEP) workstream (WS2) aims to meaningfully involve people from diverse communities across the Mental Health Implementation Network (MHIN) by collaborating with members of the public, people with lived experience of mental health challenges, patients accessing mental health services, and those with caring responsibilities.

In each project, PCIEP will be fully integrated and embedded into the research design, the research implementation and the distribution of findings. To achieve this level of integration, WS2 will work in equal partnership with MHIN colleagues, third sector organisations and other key stakeholders to maximise engagement and involvement opportunities.

A set of core values underpin the WS2 vision, including:

- Establishing an inclusive culture
- Creation of safe spaces
- Meaningful collaborations
- Openness and authenticity
- Promoting wellbeing
- Co-learning as equal partners
- Allowing room for constructive challenge

Intrinsic to public and patient involvement, is equity, diversity and inclusion.

As a workstream, we are committed to ensuring Black, Asian and Minoritized Communities are well represented. By working with groups across the nine protected characteristics listed in the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation), we can be confident that the outcomes of the programme will be relevant to the mental health needs of local populations across England.

7. Capacity building for MHIN

The ambition of the MHIN is to implement and evaluate evidence-based interventions for mental health nationally.

Training and capacity building will be key to implementing interventions effectively, in a way which will be sustainable in the long run.

Our plans to build capacity will be inclusive of Experts by Experience, research practitioners, particularly people earlier in their careers or who want to explore new areas, busy clinicians and anyone wanting to learn about effective implementation for mental health.

We are planning a programme of training which will be flexible and fit around the learning and development needs of everyone working with the MHIN.

If you have good ideas around how to help us build capacity for mental health implementation, we are keen to hear from you, please contact us at:

flavia.bertini@kcl.ac.uk