

SPHR – QQ3
Public Mental Health

Project Development



Project Development Support

- Postdoctoral Research Associate at Durham – working with Emily Oliver
- Last three years - working on SPHR Public Mental Health projects.
- Current role is to support project development for SPHR3

PMH Programme

- NIHR SPHR has been awarded £27m across four programmes (2022 – 2027):
 - Public Mental Health
 - Children, young people and families
 - Health inequalities
 - Healthy places, healthy planet.
- Public Mental Health programme is being led by Louise Lafortune (Cambridge) and Judi Kidger (Bristol).

Constraints on projects

- All projects need to involve people from at least 3 different school members and can't involve people from other universities.
- School members: Bristol, Cambridge, Exeter, Fuse (Durham, Newcastle, Teesside, Northumbria, Sunderland), Imperial, LiLac (Liverpool and Lancaster), LSHTM, PHRESH (Birmingham, Warwick and Keele) and Sheffield.
- Where Fuse is involved in a project, it is preferable that staff from more than one of our Universities is involved.
- All projects should have a focus on England or at least the UK.

Considerations for projects

- All projects need to include and name policy and practice partners/collaborators.
- SPHR projects should be solution focused and evaluate interventions (particularly upstream/policy interventions); moving beyond evidence to action.
- Policy and intervention evaluations should focus on those that are transferrable and scalable across agencies and geographies.
- Projects that involve the public and have a strong KE and impact pathway are prioritised.
- Not an open call for funding – project scope has already been broadly shaped and projects would have to align to that.

Business plan recommendations

- Draw on the conceptual framework created in QQ2
- Lifecourse
- Draw on evidence from QQ2
- Evaluate new interventions or natural experiments
- Focus on changing the system to improve resilience (population level)
- Strong co-production with external partners
- Strong synergy with CYP and health inequalities programmes
- Alignment with DHSC MH strategy (discussion paper due April 2022).

Public mental health phase 2 overview

Phase 2: Evaluating promising interventions

- Adult mental health projects:
 - Co-located services for working-age adults
 - Community interventions for older adults
 - Economic evaluation of PMH interventions
 - Using big data to understand PMH interventions and inequalities
 - Public perspectives on inequalities in PMH.
- Children and Young people projects:
 - School culture and student mental health
 - Creating a health research network

Possible ideas for Fuse led work

- Keywords from workshops on 17th/ 20th March:
- Social isolation / loneliness / substance use / addictions / impacts on individuals, families, communities / cumulative impacts of the pandemic, austerity and other policies / determinants and prevalence of mental ill-health in CYP / impacts of social media / interface between clinical and community services / social prescribing / links between mental and physical health / community assets and mental health (link with healthy places)

Possible ideas for Fuse led work

- Possible priority 1: transitions and MH in relation to education, employment and retirement including under-represented groups and relationship with welfare. Evaluations complementing those already being undertaken.
- Possible priority 2: policy focused, mapping of local authorities' strategies on PMH (building on QQ2), partnering with local authorities seeking to develop specific interventions and bringing evidence base to them. Focus on under-represented groups. Working with ARCs, across the three NIHR schools and new HDRCs in LAs

Possible ideas for Fuse led work

- CYP and school-based interventions (including primary and 16-25 age group where rising MH problems)
- Tackling structural inequalities, interventions for more vulnerable and underrepresented groups
- Focus on primary prevention through to secondary/tertiary prevention in those with established illness
- Interventions at geographical/whole place level
- Relationship between work and MH
- Impact of trauma
- Leverage bigger programme grant