

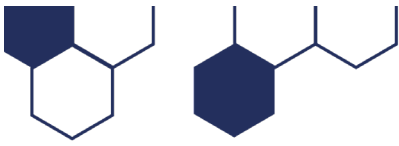
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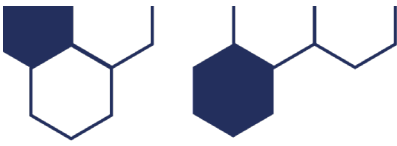
GREATER MANCHESTER MENTAL HEALTH RESEARCH PRIORITIES LISTENING EXERCISE

CONSIDERING PRIORITIES FOR MENTAL HEALTH RESEARCH FOR THE
GREATER MANCHESTER POPULATION

Listening Exercise
Document

September 2019





CONTACT

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Telephone: 07971360553

or

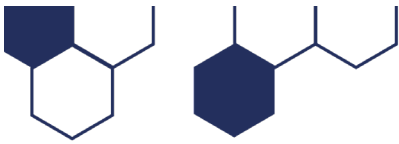
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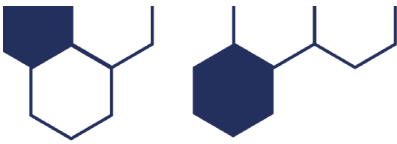
This consultation is being led by:

- Cara Afzal, Senior Programme Development Lead, Health Innovation Manchester
- Louise Bond, Programme Development Lead, Health Innovation Manchester



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LISTENING EXERCISE ON MENTAL HEALTH RESEARCH PRIORITIES WITHIN GREATER MANCHESTER

PURPOSE

In Greater Manchester, we have a much higher number of people that are in contact with mental health services than many other parts of the country. ¹

Yet research into mental health has not always focused on the issues that are relevant or important to local people.

We want this to change.

This is why Health Innovation Manchester (HInM) and the Greater Manchester Health and Social Care Partnership (GM HSCP) are working together to better align the research priorities with the needs of the Greater Manchester population. We want to consult with a wide range of stakeholders including Greater Manchester communities to help inform priority areas for future mental health research.

This listening exercise brings together the findings from a recent research review and is designed to gather views from the residents of Greater Manchester and inform next steps.

We will be gathering views until the 8th November 2019. Your responses to this survey will be used to help to achieve our objective of better aligning research priorities with the needs of the Greater Manchester population.

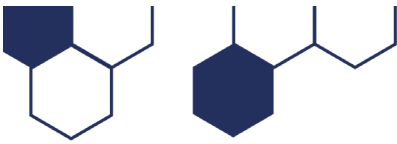
We will aim to publish the findings on the Health Innovation Manchester website (healthinnovationmanchester.com) and Greater Manchester Health and Social Care Partnership website (www.gmhsc.org.uk/) by January 2020.

BACKGROUND

Health Innovation Manchester (HInM) is a nationally-designated coordinated network of Greater Manchester Universities and NHS Trusts established to drive proven innovation into health and social care services at pace and scale. The organisation plays a key role in bringing together colleagues across the health and care system, industry and academia to work towards improving the health and wellbeing of our 2.8 million citizens in Greater Manchester (GM). HInM is working in partnership with the GM HSCP to align mental health research priorities with the needs of the population. GMHSCP brings together NHS organisations and councils in a unique devolved structure that brings opportunities to deliver health and care in a different way.

The GMHSCP has developed the Greater Manchester Mental Health and Wellbeing Strategy (2016). This is aimed at improving child and adult mental health, narrowing the gap in life expectancy, and

¹ This data is taken from the Greater Manchester Mental Health and Wellbeing Strategy (2016).

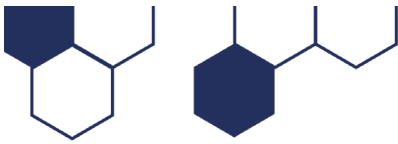


ensuring parity of esteem with physical health. This strategy is in the process of being updated and this listening exercise will feed into the development of the updated strategy.

Together we have embarked on a journey to better align the research priorities of Greater Manchester through a Task and Finish group. The group has been meeting since November 2018 under the leadership of **Professor Shôn Lewis**, Professor of Adult Psychiatry at the University of Manchester and Health Innovation Manchester Mental Health Research Domain Chair, and **Warren Heppolette**, Executive Lead, Strategy & System Development, Greater Manchester Health & Social Care Partnership. As part of this, we have conducted a review of current research activity and have had discussions with leading clinical academics, patients and public members about how Greater Manchester generates and prioritises key research questions.


Irene Harris (a public member of the group) has commented that:

I am positive because this has been the only group where we have any recognition of the credibility of our views, apart from the speakers/participants at our own conferences. I hope we can have some influence on some of the decisions around mental health research priorities before the task & finish group finishes and you can give us guidance as to how to continue in our efforts to get treatments and services based on up-to-date, quality research.



MENTAL HEALTH NEEDS WITHIN GREATER MANCHESTER

There are significant levels of mental health need across Greater:




3,981 People in Greater Manchester in contact with **mental health services** for every 100,000 of the population compared to 2,176 nationally.



£615 million spent each year on mental health services in Greater Manchester

Poor mental health makes physical health worse



For each person with a long-term condition it raises total healthcare costs by at least **45%**

In Greater Manchester this amounts to:

£420m to £1.08bn  each year

12%-18% of all NHS expenditure on long-term conditions is linked to poor mental health

The wider economic cost to Greater Manchester of mental health is approximately

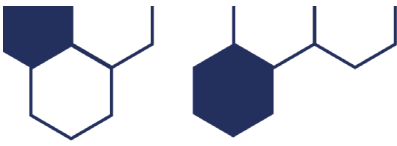


£3.5 billion

The Greater Manchester Mental Health and Wellbeing Strategy (2016) provides an overview of these needs and the associated costs:²

- Poor mental health makes physical illness worse and raises total health care costs by at least 45% for each person with a long-term condition.
- This suggests between 12% and 18% of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing - between £8 billion and £13 billion in England each year (In GM, between £420m and £1.08bn).
- There are 3,981 people in GM in contact with mental health services for every 100,000 of the population compared to 2,176 nationally.
- At the current estimated rate of prevalence, there will be 34,973 people living with dementia in Greater Manchester by 2021.
- £615m is spent on mental health services across Greater Manchester, with a wide variance across localities. This is made up of:
 - Local Authority spend £97.05m.
 - NHS Clinical Commissioning Groups (CCGs) Learning Disability spend £38.3m.
 - CCG Mental Health Specialist Commissioning, which includes specialist units £76.5m.

² This section is taken from the Greater Manchester Mental Health and Wellbeing Strategy (2016).



- CCG MH Spend £403.4m - Approximately £30.1m of this is spent on out-of-area inpatient treatment (7.27% total CCG spend) including acute admissions due to capacity shortfalls and longer terms placements with complex needs
- The wider economic cost to GM of mental health is approximately £3.5bn (see page 21 for breakdown)

THE APPROACH TO DEVELOPING A CONSULTATION DOCUMENT

The Portfolio Management Office (PMO) at Health Innovation Manchester is leading this listening exercise on behalf of the HInM Mental Health Research Domain to help inform future mental health research priorities. This process will also feed into the update of the GM Mental Health and Wellbeing Strategy.

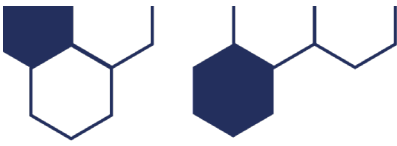
In winter 2018, Health Innovation Manchester conducted a stocktake which provided a starting point for us to consider mental health research priorities. On the 14th June 2019, we organised a workshop to facilitate discussion which could be used to help inform research priorities.

We recognise that patient and public involvement is key to aligning our research priorities to the needs of the population. We will therefore be facilitating a workshop with patients and members of the public as part of the listening exercise.

We will use multiple methods to gather information as part of the listening exercise. This will include:

- An online survey sent out to stakeholders. It is intended to be anonymous, but those completing the survey can provide contact details if they are happy to do so.
- Email feedback from stakeholders.
- Conversations with stakeholders.
- Feedback from the Mental Health Research Task and Finish Group workshop held on 14th June 2019.
- A focus group with patient and public members facilitated by Health Innovation Manchester.

This listening exercise will take place until 27th September 2019. HInM will draw out key themes from the responses and liaise with the GMHSCP to ensure these responses feed into the update of the GM Mental Health and Wellbeing Strategy and the work of the HInM Mental Health Research Domain. The feedback from the listening exercise will be presented at the Mental Health Research Showcase event in November 2019.



TELL US WHERE YOU THINK WE SHOULD FOCUS OUR ACTIVITY - BACKGROUND

Historically, mental health research has not attracted the attention it deserves - this presents both a challenge and opportunity. In recent years, there has been a noticeable shift towards valuing mental health equally with physical health (parity of esteem) and we need to make sure that we take advantage of this.

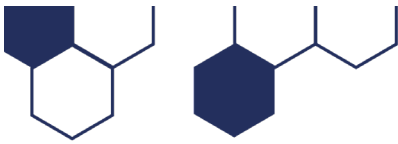
The devolved structures in Greater Manchester and our history of working together presents opportunities to deliver health and care differently and take a more joined-up approach aligned with the needs of the Greater Manchester population. There is a real desire to work collaboratively across the system and develop new ways of working.

There have been several changes in organisational structures which present opportunities for us to work more closely together (for example, the Manchester Academic Health Science Centre has joined with the Greater Manchester Academic Health Science Network to form Health Innovation Manchester), which joins up the translational research pathway.

This is the first time there has been opportunity to take stock of Greater Manchester's respective research assets, including expertise, infrastructure, capability and connection, and for us to positively respond to shifts in the relative focus on mental health research nationally.

There are opportunities for us to:

- Contribute to the development of joint bids for research funding via the Mental Health Research Domain of HInM.
- Influence national priorities and attract more national research funding which currently go mainly on London and the south.
- Draw on the lived experience by engaging with a number of existing patient and public involvement groups in Greater Manchester focused on mental health. Patients and members of the public often notice patterns which could inform the development of future research studies.
- Tap into the active research departments in healthcare across the four universities and mental health provider organisations in Greater Manchester.
- Look at research in real-world settings where we can focus on issues such as medication side-effects and adherence, new digital approaches, and new psychological treatments.
- Diversify and focus on people of all ages, from children through people of working age, actively including BME groups, especially those with persistent and serious mental illnesses.
- Examine how we support clinicians to have open and informed conversations with patients about research opportunities as health and social care practitioners can sometimes take a paternalistic approach and can be hesitant about discussing research opportunities especially at diagnosis.
- Seize opportunities to inform the direction we take in areas where Greater Manchester has a national research lead, including women's and children's mental health, self-harm research, digital health and dementia.

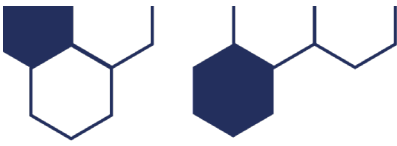


QUESTION 1: TELL US WHERE YOU THINK WE SHOULD FOCUS OUR ACTIVITY

These are some areas we could focus on, but we want to know what you think.

Please indicate up to **THREE** that are important to you

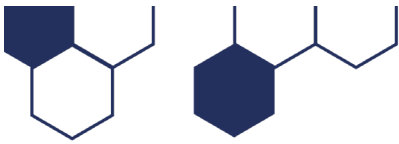
	Areas we could focus on	Please mark up to three that are important to you (X)
1	We want to influence areas for mental health research across the UK and attract funding for research here	
2	Engage with existing mental health patient and public groups in Greater Manchester so their voices are heard.	
3	Build on the research that's already happening in our four universities and the NHS in Greater Manchester	
4	Carry out more research in real world settings so we can better monitor things like side-effects and the value of new treatments	
5	Supporting NHS staff to recruit patients to take part in research	
6	Providing care that is informed by research and tailored to the needs of an individual	



TELL US WHICH BARRIERS WE SHOULD TRY TO OVERCOME - BACKGROUND

There are high levels of unmet needs in mental health in Greater Manchester. It is important that we respond to and develop new ways of tackling these needs as new research emerges. Challenges include:

- **Shortages of clinical academics** and senior researchers within Greater Manchester, with many of these are likely to retire in the near future. We need to support the next generation of researchers and attract more trainees into research.
- **Fewer large scale externally-funded projects** in Greater Manchester compared to other regions with regards to numbers of patients recruited into mental health studies. We need to address how we can improve participation in research and make it more transparent and accessible to patients.
- **Limited number of senior researchers** within Greater Manchester and it is these researchers who are needed to convince funders to invest in Greater Manchester. We need to look at how we develop future researchers so they can take on this role in future.
- **A lack of evidence about what good looks like.** There are opportunities for us to look at different kinds of evidence e.g. from real world evaluation, and also look at how we can encourage more people to participate in research to build up an evidence base within Greater Manchester.
- Issues with **limited Public and Patient awareness of research projects** which trusts have undertaken - this presents an untapped opportunity in mental health patient population within GM.
- **A large percentage of studies focused on psychosis.** This is unrepresentative of a population where the highest burden of disease is enduring common mental health disorders. There is an opportunity for us to make sure that research is proportional to the level of need.
- **Fragmentation around patient and public involvement.** Consideration is needed as to how relevant organisations are funded to build sustainable programmes.
- **A lack of substance misuse research** given high prevalence within Greater Manchester population.
- Increasing instances of mental health issues relating to online abuse - we need to look at how we best tackle this emerging area.
- Accurate understanding of the **levels of mental health problems** in GM. This can be gained from a detailed analysis of available national datasets.

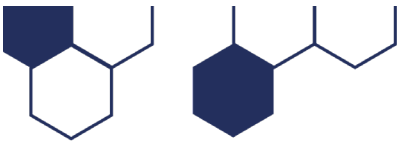


QUESTION 2: TELL US WHICH BARRIERS WE SHOULD TRY TO OVERCOME

We face a number of barriers in mental health research. They are all important but we want to know where you think we should focus.

Please indicate up to **THREE** that are important to you

	Barriers we should try to overcome	Please mark up to three that are important to you (X)
1	Shortages of researchers within Greater Manchester	
2	Problems attracting research funding in Greater Manchester	
3	Lack of awareness of research projects amongst the public	
4	A lack of research on more common mental health issues e.g. anxiety and depression	
5	A lack of research on how to support people with both substance misuse and mental health issues	
6	Certain patient groups are under-researched such as black and ethnic minority people or children.	
7	Other (please specify)	



TELL US WHERE SHOULD FOCUS OUR RESEARCH - BACKGROUND

We are working within a complex terrain where a number of organisations ranging from the university sector to commissioners and providers are tasked with determining priorities as well as formulating and carrying out research.

For example, the Health Innovation Manchester-led Mental Health Research Domain is working to align mental health research priorities with the needs of the Greater Manchester population. This is focused under the key thematic areas of **dementia, self-harm and suicide, and digital mental health** (focusing on the areas of prevention, patient self-management, medicines optimisation and precision health).

A number of common overarching themes have emerged from the stocktake which was undertaken by the Mental Health Research Task and Finish Group. These include:

- **Individualised approach:** We recognise that one size does not fit all and want to develop approaches which take into account the needs of different individuals, tying in with the move towards precision medicine.
- **Real-world validation and research based on lived experience:** We want to support more research based on lived experience. This can provide a rich source of data about the impact of new medicines and approaches in a real-world setting.
- **Digital Mental Health:** There is a real drive towards digital transformation within Greater Manchester and we want to maximise the opportunities presented by this.
- **Mental health and carers:** We recognise that carers play a key role in supporting patients and that is important that we support them.

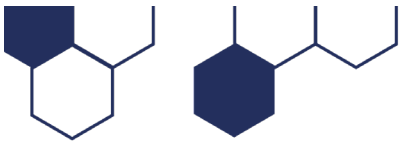
The Task and Finish Group stocktake also identified a number of common priority areas across Greater Manchester. These include:

- Dementia
- Enduring common mental health disorders (e.g. anxiety, depression)
- Psychosis (including antibody mediated psychosis)
- Suicide and self-harm
- Mental health in physical illness
- Trauma and resilience

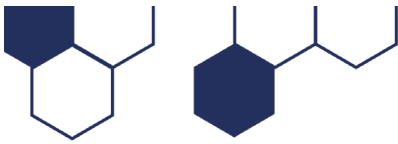
The GM Mental Health and Wellbeing Strategy was developed by the Greater Manchester Health and Social Care Partnership in 2016. This sets out four themes for mental health in Greater Manchester:

- Prevention
- Access
- Integration
- Sustainability

The Strategy is in the process of being updated and there is an opportunity to feed into this from a mental health research perspective.



There are clearly some common areas across each of these themes e.g. dementia, digital mental health etc. The purpose of this listening exercise is to consolidate these themes and so help inform future mental health research priorities.

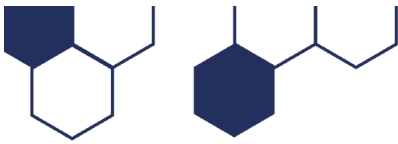


QUESTION 3: TELL US WHERE SHOULD FOCUS OUR RESEARCH

We have some ideas about where researchers could focus but we want to know what you think.

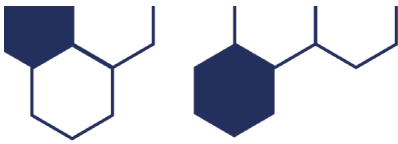
Please indicate up to **THREE** that are important to you

	Areas where researchers could focus	Please mark up to three that are important to you (X)
1	Providing care that is informed by and tailored to the needs of an individual	
2	Conduct research in real world settings so we can monitor things like side-effects and the value of new treatments	
3	Using digital technology e.g. mobile phone apps to support people with mental health issues	
4	Supporting carers of people with mental health issues	
5	Dementia	
6	Suicide and self-harm	
7	Psychosis	
8	Common mental health issues e.g. anxiety, depression	
9	Supporting people who have both a physical health and a mental health issue	
10	Supporting people who have experienced trauma to cope	



QUESTION 4: TELL US ABOUT ANYTHING ELSE YOU THINK IS IMPORTANT

Please use this space to tell us about anything else you think that is important for us to know.
(Maximum of 300 words)



DEMOGRAPHIC INFORMATION

This information will help us check how far we have received responses from a range of different groups. Please tick the most relevant box. If you prefer not to share this information, please tick the 'prefer not to say' box.

Age

- | | |
|---|---|
| <input type="checkbox"/> Under 18 years old | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> 35-44 years old | <input type="checkbox"/> Black African |
| <input type="checkbox"/> 45-54 years old | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> 55-64 years old | <input type="checkbox"/> Any other Black / African / Caribbean background |
| <input type="checkbox"/> 65-74 years old | <input type="checkbox"/> Arab |
| <input type="checkbox"/> 75 years or older | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Prefer not to say |

Ethnicity

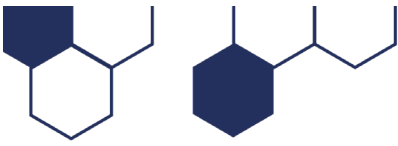
- White English / Welsh / Scottish / Northern Irish / British
- White Irish
- White Gypsy or Irish Traveller
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background
- Indian
- Pakistani

Gender

- Female
- Male
- Other
- Prefer not to say

Sexual Orientation

- Heterosexual or straight
- Homosexual or gay
- Bisexual
- Other
- Prefer not to say



COMPLETING THE SURVEY

You can complete the survey online at:

<https://www.surveymonkey.co.uk/r/DBHVNFJ>

Alternatively, you can add your responses to this document and email it to consultation@healthinnovationmanchester.com

Or post it to:

Maxine Horne

Health Innovation Manchester

Citylabs

Nelson Street

Manchester

M13 9NQ