
Example 3: Optimising adult mental health service configurations across health and social care

About the research

Lead researcher: Professor David Challis, Personal Social Services Research Unit (PSSRU), University of Manchester.

Funder: National Institute for Health Research School for Social Care Research (SSCR).

Project aim: To provide local commissioners and providers with evidence to inform the reconfiguration of local mental health services. The focus is on the needs of service users receiving inpatient and community mental health team services.

Type of research: Service evaluation.

Duration: 13 months – started April 2013.

Who we spoke to

We interviewed Jane Hughes, Lecturer in Community Care Research at the PSSRU, University of Manchester. Her comments are in blue below.

About the involvement

Patient / carer involvement prior to applying for funding

The team were asked by Pennine Care NHS Foundation Trust to carry out this study. At a meeting with operational service managers, the researchers met the Chair of the Trust's Service User and Carer Mental Health Forum, who invited them to a Forum meeting to discuss the project.

At the Forum meeting the researchers asked for feedback on their outline proposal and also requested further involvement in developing their bid for funding. It was agreed that they would hold a consultation meeting.

“The Trust was supportive of it, so they provided a venue, refreshments and paid people’s travel expenses. They sent an email invitation to all Forum members and nine people came. The meeting lasted about two and a half hours. We discussed people’s experiences of accessing and using local services and the challenge of disseminating the findings to large numbers of local organisations.

The Forum members were asked to give their time free of charge and they were fine to do it as a one-off, although I did say the involvement in the research would be fully funded. I do that as a researcher sometimes - you give your time to develop a proposal and it’s a bit of a lottery as to whether anything comes from it. ” Jane

Impact of the early involvement

The feedback from service users and carers at the consultation meeting shaped the development of the bid, in particular strengthening the **user involvement** and helping develop a local **dissemination strategy**.

“After the consultation, I came back to the rest of the team and said ‘We’ve got a large body of expertise out there and we have to tap into it because it’s value added’. Originally we had thought to have only a small reference group, but we subsequently decided to include a lay panel as well. This will help us reach a wider constituency. We plan to communicate with them by email and phone, rather than meetings.

It challenged us to be crystal clear about the role of user involvement in the project and about payment for members of the reference group, not only for attending meetings but also in helping us in carrying out the research.

We were careful about getting that correctly funded. ” Jane

The researchers were also keen to ensure that the project’s findings would reach the wide range of local organisations with a role in providing care to mental health service users and carers. The Forum agreed to take responsibility for this task.

“They couldn’t understand why I thought dissemination might be a problem. They said ‘We’re in touch with lots of organisations, so if it comes to one of us it’ll be our job to email it out – what are you worrying about? ” Jane

Continuation of involvement following funding

Forum members have been invited to join the reference group and lay panel. The Forum’s administrator is helping with the recruitment. It was very important for the Forum to hear how their involvement had made a difference to the bid, and encouraged them to continue to engage with the project.

“Working with an existing organisation has been a very useful way forward because they have easy access to service user expertise and a network of people they can contact on your behalf. ” Jane

Lessons learnt

“It was important to hold the meeting on their premises – on familiar territory – then it felt like coming to an ordinary meeting for them. I just went with the flow, which meant I accessed the best of their information.

You have to be very clear about what's up for negotiation, the parameters of the consultation. Then you need to be flexible and prepared to sit back and listen to what people are saying so you don't just get what you want to hear. Then you'll hear some things you weren't expecting. We heard interesting things about the link between what people want from a service and their age, which made us think through that in planning the research. ” Jane

Contact details:

Jane Hughes
PSSRU
University of Manchester
Dover Street Building
Oxford Road
Manchester
M13 9PL

Email: Jane.Hughes@manchester.ac.uk

Project website:

www.nursing.manchester.ac.uk/pssru/research/nihrsscr/projects/adultmentalhealthservices/

This example is one of a series of examples of public involvement in NIHR research funding applications. Find out more and view the other [examples](#)

Further information on:

planning and preparation for public involvement in research

[INVOLVE Briefing note five: How to involve members of the public in research](#)

planning a meeting of members of the public

[INVOLVE Briefing note eight: Getting started](#)

budgeting for public involvement in your study

[INVOLVE budgeting for involvement](#)

www.invo.org.uk/resource-centre/involvement-cost-calculator/

involving members of the public in dissemination

[Briefing note eight : ways people can be involved in the research cycle](#)

your local **Research Design Service**

www.invo.org.uk/find-out-more/information-for-researchers/research-design-services-information/

Acknowledgements: We would like to thank Jane Hughes for agreeing to share her experience, Kristina Staley for carrying out the interview and the project advisory group for their guidance.

Reference: INVOLVE (2013) Examples of public involvement in research funding applications: Optimising adult mental health service configurations across health and social care

© INVOLVE October 2013