

NIHR Three Research Schools' Mental Health Programme

Improving mental health and wellbeing in underserved populations through collaborative research

Investigator led call for research funding 2024/5

RESEARCH BRIEF

The NIHR Schools for Primary Care Research (SPCR), Public Health Research (SPHR) and Social Care Research (SSCR) (“three schools”) have joined together in a unique collaboration between leading academic centres in England to collaborate on three programmes of work funded through the National Institute for Health Research (NIHR): one on mental health led by SPCR, the second on dementia led by SSCR and the third on prevention led by SPHR.

Background:

At least one in four people experience mental health problems, many of whom never access care and treatment. There are also large numbers of people with learning disability (prevalence c.2%) and autism (prevalence c.1%). Mental health problems, learning disabilities and autism generate challenges for individuals with these conditions, their families and the wider society, with often quite high utilisation of health, social care and other services. Those challenges are seen across the life course.

The impacts of mental health problems on individuals and the wider societal and economic consequences are multiple and vast and include above-average rates of concurrent physical illnesses, shortened life expectancy, social exclusion, socioeconomic disadvantage, and the need for health and welfare support. Despite the high prevalence, many people do not receive the support they need and there are significant inequalities in access. These underserved groups include, but are not limited to, people with learning disabilities, older people, parts of the autistic and neurodiverse community, people from Black and other ethnic minority backgrounds. There are also other geographical, demographic and socioeconomic inequalities which this call addresses.

By working collaboratively across primary care, public health and social care, we aim to address problems in a multi-professional, multi-disciplinary way and at the individual, family, group and population levels using a variety of methodological approaches. Research will be underpinned by strong and diverse public, carer, service user and patient, and, as appropriate, practitioner involvement and engagement. Our research will prioritise those groups with high needs for treatment and support, and that have been underserved by research to date.

The requirement:

Phase 1 of funding awarded to the Three Schools has supported 53 projects ([Three NIHR Research Schools' Mental Health Programme — NIHR School for Primary Care Research](#)). Funding was awarded to a diverse range of partners, including practitioners, local authorities and those working in the third sector. Funding also achieved a wide geographical reach, actively working with populations and communities not traditionally engaged in research. We have established a Fellowship scheme to develop new research capacity in key topic areas and localities in need of capacity development.

Research funding in phase 2 would build on our early successes, supporting the implementation of evidence into practice and policy. As part of our second year monitoring,

we identified a number of areas that are not significantly represented in phase 1. These include suicide prevention in high-risk groups (including those working in the agricultural sector and young men), mental health in pregnancy, prison mental health, mental health in different religious groups and mental health in military veterans, but applications are not limited to these areas.

Opportunity

For this **investigator-led call**, we are inviting applications from early career researchers and those from under-represented professional groups (such as social work, nurses and public health practitioners and underrepresented methodological specialties). We will continue to draw on our expertise and established and recently developed networks to ensure strong lived experience (patient, carer, service user, practitioner, public and community) engagement, and work across traditional disciplinary and sector boundaries.

Funding of research through this Programme requires collaboration between at least two members of different NIHR Schools. The Principal Investigator must be based in one of the university members of the three NIHR Schools. Collaborators from outside the three Schools are allowed. The host organisation must be based in areas identified by the NIHR 'heat map' (appendix 1) as being underserved, however collaborators outside of these areas are welcome. Participant recruitment to the study must take place from the underserved region although this can be in conjunction with sites located in other regions, where the burden or need is high. The choice of recruitment regions and sub-localities must be justified in relation to the size of the impacts. We encourage applicants to use a mapping tool, such as the Research Targeting Tool ([to access this please contact inforequest@nihr.ac.uk](mailto:inforequest@nihr.ac.uk)), to demonstrate how the planned target population fit with prevalence and impacts. Special consideration should be given to the inclusion of people from socioeconomically disadvantaged groups and other underserved communities that are more affected by mental health problems. Research methods may involve primary research or evidence synthesis, including systematic reviews, intervention development and testing, modelling studies, or the analysis of existing datasets.

Selection criteria:

Applications will be reviewed using the following criteria:

- Relevance and importance to the priorities and needs of primary care, public health and social care
- Clear alignment with the remit of the Three NIHR Research Schools' Mental Health Programme
- Awareness and understanding of previous relevant research or developments in this area
- Feasibility
- Originality
- Appropriateness of the research design in relation to the stated objectives
- Appropriateness of the work plan and project management arrangements
- Strength of the research team
- Strength of the dissemination plan
- Strength of the proposed plans for patient and public involvement throughout the duration of the research
- Level of collaboration across the Three NIHR Research Schools

Funding:

The maximum budget for each proposal is £200,000 for this call. The Programme will fund:

- 100% of the directly incurred staff time on the project
- 100% of the directly allocated staff time on the project
- Overhead of 30% of the directly incurred staff cost
- Overhead of 30% of the directly allocated staff time cost
- 100% of the directly incurred non-pay items

Awards can be of any duration but STRICTLY must not extend beyond **31 March 2026**.

Applications should be emailed to c.ashmore@keele.ac.uk by **Thursday 28 March 2024 no later than 3.30pm**.

TIMETABLE

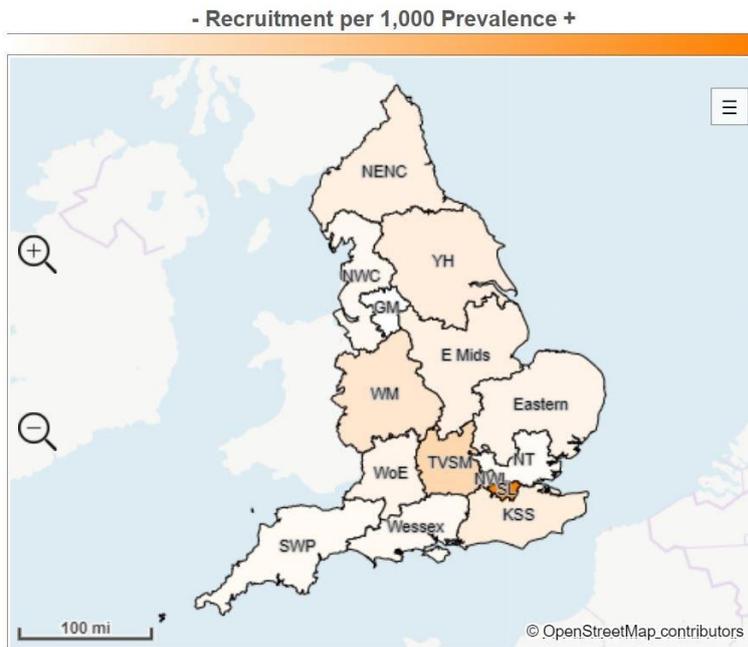
Monday 19 February 2024	Competition launch
Thursday 28 March 2024 at 3.30pm	Closing date for submission of applications
Friday 19 April 2024	Panel meeting to discuss applications
April/May 2024	Competition outcomes to be announced
June 2024	Awards may start from this date

Appendix One

Analysis of Regional Mental Health Burden and Research Activity

There is a mismatch between regional research activities (measured by patient recruitment per 100,000 patients) in mental health and the prevalence of mental health conditions in England in the past 10 years (2010-19). The recruitment per 100,000 prevalence map shows where the highest proportion of people with mental health conditions are being recruited to research studies.

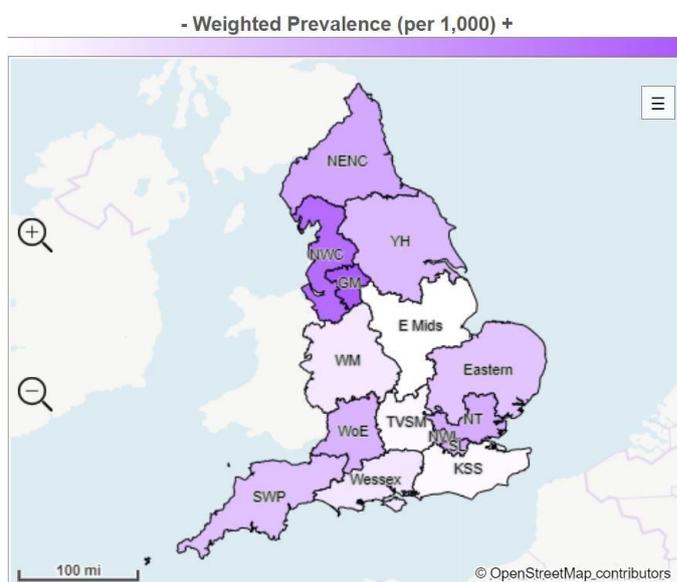
The areas of highest prevalence per 1,000 map shows where [mental health conditions are most prevalent](#), with the shade becoming paler as prevalence drops.



Local Clinical Research Network region	Recruitment	Prevalence	Recruitment per 100,000 prevalence
South London	22,101	387,025	57.1
Thames Valley and South Midlands	4,332	222,443	19.5
West Midlands	7,484	568,463	13.2
North West London	2,869	250,377	11.5
Kent, Surrey and Sussex	4,286	426,269	10.1
Yorkshire and Humber	6,145	630,356	9.7
North East and North Cumbria	3,427	383,540	8.9
East Midlands	3,442	420,127	8.2
Eastern	3,108	418,186	7.4

West of England	1,888	256,886	7.1
North West Coast	2,929	521,317	5.6
Wessex	1,559	289,753	5.4
South West Peninsula	1,251	250,971	5.0
North Thames	2,803	648,839	4.3
Greater Manchester	1,133	430,692	2.6
England total	68,757	6,114,244	11.2

Where are common mental health conditions most prevalent?



Local Clinical Research Network region	Prevalence	Adult population	Weighted prevalence (per 1,000)
Greater Manchester	430,692	2,146,470	200.7
North West Coast	521,317	2,707,490	192.5
North East and North Cumbria	383,540	2,296,045	167.0
North West London	250,377	1,505,994	166.3
South London	387,025	2,328,617	166.2
North Thames	648,839	3,952,295	164.2
West of England	265,886	1,644,509	161.7

Yorkshire and Humber	630,356	3,971,913	158.7
South West Peninsula	250,971	1,611,110	155.8
Eastern	418,186	2,704,008	154.7
Wessex	289,753	2,065,847	140.3
West Midlands	568,463	4,088,391	139.0
Thames Valley and South Midlands	222,443	1,637,712	132.9
Kent, Surrey and Sussex	426,269	3,218,657	132.4
East Midlands	420,127	3,236,427	129.8
England total	6,114,244	39,151,485	156.2

References:

1. <https://hrcsonline.net/health-categories/mental-health/>
2. <https://hrcsonline.net/health-categories/neurological/>
3. https://www.cqc.org.uk/sites/default/files/20201124_cmh20_statisticalrelease.pdf
4. <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people>
5. [NIHR Incubator for Medical Health](#)
6. [NIHR Incubator for Social Care](#)