NIHR Three Research Schools' Mental Health Programme

Improving mental health and wellbeing in underserved populations through collaborative research

Research Grant

Suicide Prevention

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.

Opportunity

In this funding call, we are interested in applications with a specific focus on Suicide Prevention. In England and Wales, there are approximately [5,500 registered deaths by suicide](#) each year, and it is [estimated](#) that for each suicide, there are 20 suicide attempts. While risk factors for suicide include a previous suicide attempt or mental ill health, many suicides happen impulsively in moments of crisis. There are many factors at the individual, relationship, community and society levels, that can contribute to increased suicide risk. Risk factors for suicide include experience of loss, discrimination, loneliness, deprivation, relationship or financial problems, gambling, alcohol and drug misuse, physical illness and chronic pain, violence and abuse, and other factors.

Although the current suicide rate in England is not significantly higher than it was in 2012, it is not falling. Rates of suicide have increased among young people and the suicide rate remains three times higher among men than women. In 2023 the Department of Health and Social Care published [The Suicide prevention in England: 5-year cross sector strategy](#) highlighting priority groups at higher risk of suicide, including children and young people, middle-aged men, people in contact with the criminal justice system, autistic people, pregnant women and new mothers. However, this is not an exhaustive list and there are other groups that may benefit from bespoke interventions and support.

We are interested in commissioning research to evaluate interventions aimed at reducing suicide attempts and suicide.

Examples include (but are not limited to):
- Multiagency interventions aimed at preventing suicide and/or suicide attempts.
- Interventions to prevent suicide and/or suicide attempts by restricting access to the means and methods of suicide.
- Interventions to increase levels of support to people in different forms of crisis which may put them at risk of suicide or suicidal ideation.
- Interventions to prevent suicide and/or suicide attempts in people in contact with the criminal justice system (a single setting or a range of custodial settings may be considered)
- Interventions for groups where there are evidence gaps, such as minority ethnic groups including Gypsy Roma traveller groups; refugees and asylum seekers, people who are LGBTQ+, people who have experienced domestic abuse and people who have experienced harmful gambling.
- Interventions aimed specifically at a high-risk group. (For example, this may include, but is not limited to, people where financial difficulty/cost of living concerns or alcohol/substance use is increasing the risk of suicide/suicide attempt)
- Interventions aimed at promoting online safety and content to reduce harm, improve support and signposting, and provide helpful messages about suicide.

For this round we are particularly interested in research that will rapidly be able to demonstrate impact and/or inform policy.

Funding of research through this programme requires collaboration between at least two different NIHR Schools. It is important that applicants ensure that they are listing collaborators who are member of one of the Three NIHR Schools:
[NIHR School for Primary Care Research](#)
[NIHR School for Public Health Research](#)
[NIHR School for Social Care Research](#)*

*SSCR has new membership from 1.5.24. However, NIHR have not yet announced the new members. If you have any queries, please contact [Jen Hill](#), Programme Manager, NIHR SSCR.

The Principal Investigator must be based in one of the members of one of the three NIHR Schools (see links above). Collaborators from outside the three Schools are allowed but there must be collaboration from at least two of the three NIHR Schools.

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), 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 of planned research
- Originality of planned research
- 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 and impact plan
- Strength of the proposed plans for patient and public involvement throughout the duration of the research
- Ability to rapidly inform practice and/or policy

Funding:

We have a maximum budget of up to £400,000 and are looking only to fund one research award. This can 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
- As this is NIHR funding, overheads cannot be applied to non HEI organisations, including; local authorities, NHS providers and other third party organisations. Non HEI organisations must be costed at 100%. Overheads should be removed from the 'Institutions & Organisations' worksheet of the costing template where appropriate.

Awards STRICTLY must not extend beyond **31 March 2026**.

Applications should be emailed to c.ashmore@keele.ac.uk by **Thursday 30 January 2025 no later than 12 noon**.

TIMETABLE

Monday 16 December 2024	Competition launch
Thursday 30 January 2025 at 12 noon	Closing date for submission of applications
January/February 2025	Panel meeting to discuss applications
February 2025	Competition outcomes to be announced
March/April 2025	Awards may start from this date

GUIDANCE NOTES

PART 1 – APPLICATION SUMMARY

Plain English Summary
Guidance on writing a plain English summary is available at
https://www.nihr.ac.uk/documents/plain-english-summaries/27363

PART 2 – APPLICANT TEAM

Details of public co-applicant or collaborator
For further information please access the 'Public Co-Applicants in Research' guidance

NIHR Research Schools
A condition of the funding through this programme is there needs to be collaboration between **at least two** NIHR Research Schools, one who must be project lead.

It is important that applicants ensure that they are listing collaborators who are a member of one of the Three NIHR Schools:
NIHR School for Primary Care Research
NIHR School for Public Health Research
NIHR School for Social Care Research

PART 3 – DESCRIPTION OF PROPOSED RESEARCH

Details of proposed research
Do not exceed 6 **pages of A4 for Part 3 including** references which must be included below as part of the application form, and not submitted separately.

Equality, diversity and inclusion
Applicants should demonstrate how these factors have been considered and addressed in their proposal, including steps taken to ensure the research sample is representative of the population the study is targeted at. Please see the NIHR INCLUDE Guidance for more information about how to include under-served groups effectively.

PART 4 – PUBLIC INVOLVEMENT

How will patients/public/practitioners/people with lived experience/carers be involved in your research?
A list of PPI resources for applicants to NIHR research programmes to assist you can be found on the NIHR website, including: Briefing notes for researchers on how to involve patients/service users, carers and the public and Payments Guidance for researchers and professionals with information on budgeting for involvement

PART 5 –RELEVANCE OF PROPOSED RESEARCH

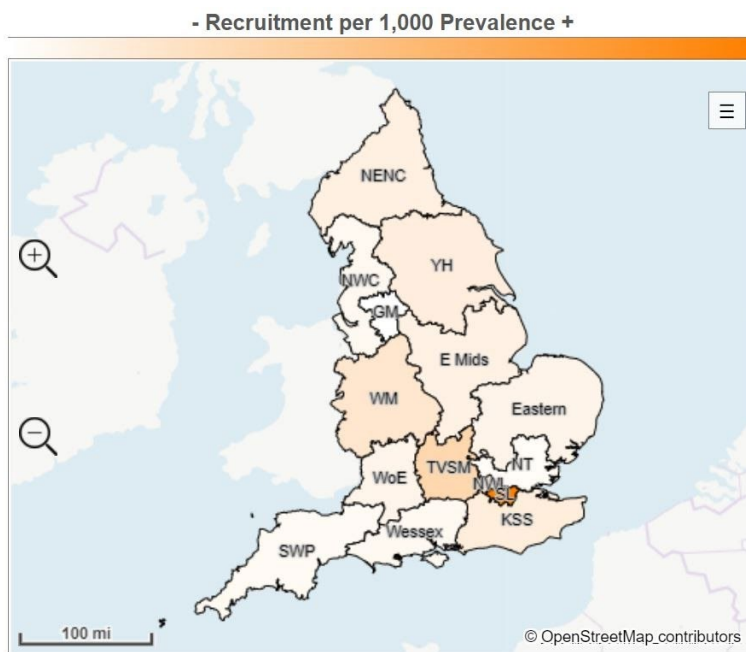**What are the likely impacts on policy and/or practice from this project?**
https://www.nihr.ac.uk/researchers/apply-for-funding/how-to-apply-for-project-funding/plan-for-impact.htm

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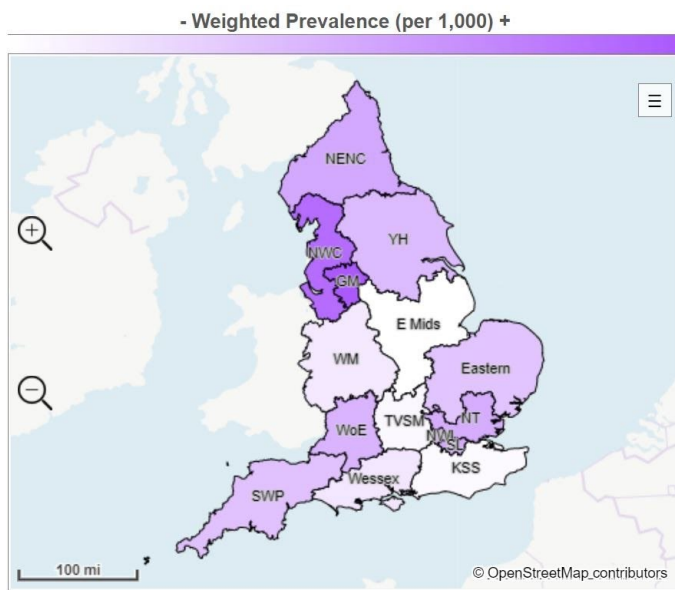
The areas of highest prevalence per 1,000 map shows where mental health conditions are most prevalent, with the shade becoming paler as prevalence drops.

- Recruitment per 1,000 Prevalence +

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?

- Weighted Prevalence (per 1,000) +

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