



Service Users in Research
Mental Health Research Network



**National Institute for
Health Research**

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Service Users in Research Bulletin

Issue Eleven: March 2011

This is the eleventh edition of the bulletin that we send out to members via post or email. In these bulletins we provide news about user involvement in the NIHR Mental Health Research Network (MHRN) and advertise opportunities for people to get involved in the MHRN and mental health research generally.

If anyone has anything that they would like to be in the bulletin or if you would like to join Service Users in Research then please let us know. You can email us at: mhrnppi@kcl.ac.uk.

To join Service Users in Research please fill out the membership form which is sent out alongside this email. You can also join online at:

<http://www.mhrn.info/pages/join-service-users-in-research-online.html>

These bulletins are additionally placed online at www.mhrn.info



We are on Facebook! To find the Service Users in Research page type in 'Service Users in Research' in the search box at www.facebook.com

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Please note that for events organised by MHRN hubs or local NHS trusts, travel expenses are usually only able to be offered to people living in the area covered by that hub or NHS trust. Please always check beforehand.

Applications invited for new Chair of INVOLVE



INVOLVE

CHAIR of INVOLVE

INVOLVE is a national advisory group funded by the National Institute for Health Research (NIHR), which aims to promote and support active public involvement in NIHR and the Policy Research Programme initiatives.

The National Institute for Health Research (NIHR) is now looking for an exceptional person to be appointed as Chair.

INVOLVE believes that the active involvement of the public in the research process leads to research that is more relevant to people and is more likely to be used.

The ideal candidate will be able to demonstrate:

- Knowledge, experience and commitment to public involvement in health, social care and / or public health research
- Good understanding of the barriers and facilitators to public involvement in research
- Excellent interpersonal, communication and leadership skills, including chairing and facilitation skills.
- The ability to command the respect of service users and carers, researchers, research managers, practitioners, and commissioners.
- Sensitivity to the needs and concerns of service users and carers

- Good understanding and experience of health, public health and social care research as well as the relevant organisational structures
- Experience of overseeing the development of strategies and implementation of operational plans within national or international organisations

The appointment will initially be for 1 day a week for three years subject to satisfactory performance.

For a job description and person specification contact: **Tony Williams**

Room 7E60
Quarry House
Quarry Hill
Leeds LS2 7UE

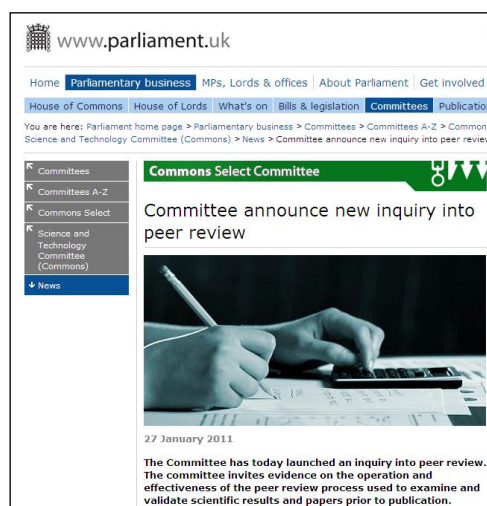
Tel: (0113) 254 6183

Email: Anthony.Williams@dh.gsi.gov.uk

Applications in the form of a CV together with a supporting statement of suitability should be sent to Tony Williams, contact details above.

The closing date for receipt of completed applications is **10th March 2011**.

Parliamentary Review of the Peer Review Process



The screenshot shows the Parliament website (www.parliament.uk) with a news article from the Commons Select Committee. The article is titled "Committee announce new inquiry into peer review" and is dated 27 January 2011. The text of the article reads: "The Committee has today launched an inquiry into peer review. The committee invites evidence on the operation and effectiveness of the peer review process used to examine and validate scientific results and papers prior to publication." The article includes a photograph of hands writing on a document with a pen and a calculator.

The House of Commons Select Committee and Science and Technology is carrying out an enquiry into the “peer review process used to examine and validate scientific results and papers prior to publication”

The Committee “welcomes submissions from scientists whose material has been peer reviewed, those who commission peer-reviews and those who carry out peer review”.

For full details of how to make a submission to the enquiry please click [here](#)

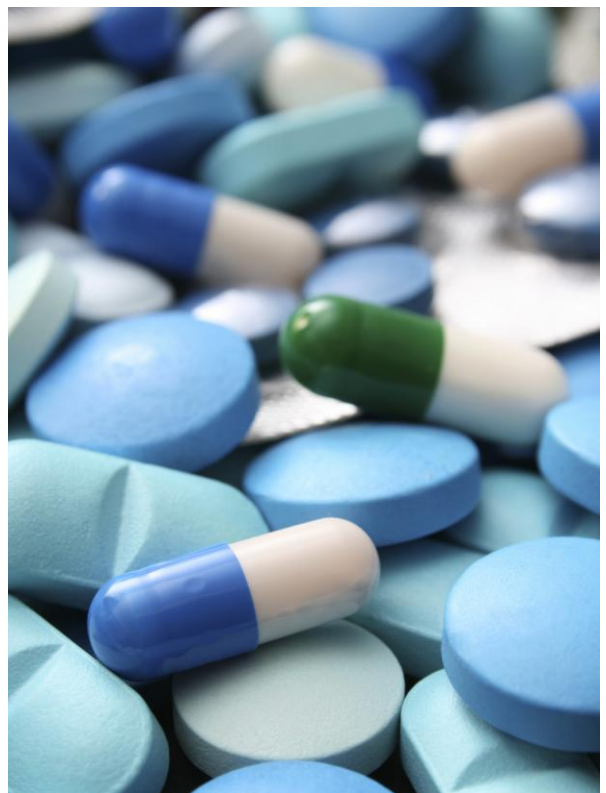
Submissions need to be made by **10th March 2011**. If you need any help or would like to ask any questions please email: scitechcom@parliament.uk

Mental Cosmetics

By Camilla d'Angelo

Over the past few decades the developed world has witnessed great advances in medicine and health care as a result of revolutionary improvements in scientific research. The focus has shifted to the pursuit of happiness and mental well-being, and advances in neuroscience and pharmacology research, leading to a significantly improved understanding of the human brain, have revolutionized treatments for mental health. This has led to the concurrent de-stigmatization and growing use of drugs in mental health treatment.

Present medicine is 'normative' and is only used for therapeutic purposes as a means to treat and cure disease in order to restore individuals to a normal, healthy state. Such a disease-centred paradigm is presently endorsed by the state and regulatory authorities and is accepted by the public. But what if rather than merely curing illness, medicine was used to enhance healthy humans beyond 'normal'? Enhancement is the expansion of life, health, thinking and emotional well-being. Present trivial examples include coffee, make-up and exercise that are widely used to improve performance, appearance and mood.



The current disease-focused medical model leads to the problem of defining such a 'normal', healthy state. The use of contact lenses, glasses and enlarged fonts on your computer are common enhancements that act to significantly improve the quality of an individual's life. Education, meditation, caffeine, herbal extracts and energy drinks are all biomedical enhancers that are widespread and mundane. Such mental cosmetics are widely used by 'normal' people who have no obvious illness, but how are they different from using cognition enhancing drugs that enhance concentration and memory? These drugs are available for the treatment of disorders such as ADHD, Alzheimer's disease and narcolepsy. The beneficial effects of these drugs in healthy human brains were discovered serendipitously as pleasant side-effects.

People's happiness, shyness and ability to concentrate all lie on a spectrum, thus rendering the definition of normal arbitrary rather than based on any medical

significance. In fact 'normal' is a shifting baseline: ADHD and autism were once thought normal behaviours and are now classed as diseases. Modern science and medicine appears to be blurring the line between therapy and enhancement; what constitutes illness, and what is normal.

Current policy is shaped around normative medicine, which advocates the treatment of disease rather than enhancement of normal functions, and the use of drugs and genetic engineering represents an unconventional means of enhancement that raises ethical concerns. Enhancement research fails to receive funding or regulatory approval, forcing researchers to mask enhancement research under the guise of addressing a disease. This leads to healthy mental states being turned into illnesses – if you want to benefit from drugs that improve concentration, you need to be diagnosed with ADHD first.

The use of cognitive enhancers by healthy individuals is gaining popularity. Modafinil and Ritalin, drugs licensed for the treatment of narcolepsy and ADHD respectively, are used amongst students to improve alertness and performance. This has raised ethical concerns about cheating and unfairness, but is their use any different from drinking coffee or hiring a private tutor? Endorsing enhancement technologies would mean deviating away from the status quo that is normative medicine. Unfortunately, status quo bias affects social attitudes to human enhancement and so stigma associated with the development of mental cosmetics to improve the lives of healthy individuals remains strong.

Yet there are many reasons why drugs and genetic engineering should be used to treat more than just disease. Life expectancy is ever increasing and continues to do so at a steady rate. Personality enhancement could improve debilitating conditions such as extreme shyness or social phobias, and mood-enhancing drugs may one day be available to ensure we only ever experience positive emotions. The possibility that one day mood and cognition enhancing drugs will be readily found in supermarkets in a similar fashion to high caffeine and energy drinks is not that futuristic. Ritalin and Modafinil, two cognition enhancers, may in the future be used to promote wakefulness and prevent road accidents. Changing social landscapes and public perception may well pave the way for enhancement of the human condition through science.

This article originally appeared in Issue 32 of Pi Newspaper, UCL's official student newspaper. Visit www.pimedia.org.uk for more info.

This article was reproduced by kind permission of *Camilla d'Angelo* and Pi Newspaper. Check out the chart of the world top 200 selling drugs in 2009 on p11. Sales of Modafinil (one of the cognition enhancers mentioned in the article above) were \$1021 million in 2009, making it the 108th top selling drug in the world in that year.

MHRN North London Hub Seminar



25th March 2011

MHRN North London Hub Seminar: 'FIAT' – a study investigating the effectiveness of using financial incentives to improve adherence to antipsychotic medication.

This event is part of a series of seminars organised by experts with experience who work with the MHRN's North London Hub. Researchers and service users will speak in favour and against this controversial study that is analysing the effects of offering people a financial incentive to take medication.

For more information and to register a place, contact hub administrator Jemma Reilly-Ayton, 020 7386 1156, j.reilly-ayton@imperial.ac.uk

This is the third in the 2011 series of 'SUNLWS seminars' organised by people with experience of mental health problems who work with the MHRN's North London Hub. The seminars aim to inform people living within the hub's boundaries about MHRN-supported research. www.sunlows.org.uk contains information about mental health research being carried out in the North London area and is maintained by people with experience of mental health problems who work with the hub.

Event details

Location: North London Hub offices, The Claybrook Centre, St Dunstan's Road
London W6 8RP

Sussex Partnership NHS Foundation Trust Annual Research & Development Conference

Sussex Partnership 
NHS Foundation Trust

Research & Development Annual Conference

A one day conference,
showcasing the
collaborative research
activities of the Trust
and its academic partners

9.00am - 4.00pm
Thursday 23 June 2011

The Conference Centre,
Bramber House, University of Sussex



University of Brighton



Keynote speaker:

Professor Tom Burns CBE
Professor of Social Psychiatry at the
University of Oxford.

Speakers, workshops and a poster
session will present studies related
to the collaborative research themes.

Service users and carers are welcome
and all out of pocket expenses will
be reimbursed in cash on the day.

CPD points are available for attendees.

For further details please contact:
research@sussexpartnership.nhs.uk
or: 01273 265928

www.sussexpartnership.nhs.uk

Enhancing understandings and improving practice

Lay Members wanted for Research Ethics Committees in London


National Patient Safety Agency
National Research Ethics Service

Research Ethics Committee Lay Members

The National Research Ethics Service is trying to recruit lay members to Research Ethics Committees in the London area.

Lay members are non-health care professionals, perhaps patients, ex-patients or their relatives, who are interested in scrutinising the ethical aspects of research proposals.

Committee members receive training in ethical review and have opportunities to debate challenging issues in the life sciences to help protect the rights and well-being of research participants and promote ethical research.

Positions are voluntary but expenses are paid, including travel and childcare costs if applicable. Committees meet on average for half a day per month and applicants will need to be able to attend at least two thirds of meetings.

Please note there is no deadline for applications – the recruitment process is ongoing.

To find out more please contact:

Michael Fox on 020 7794 0500 ext - 31342
michael.fox1@nhs.net

Research & Ethics Dept
South House
Royal Free Hospital
Pond Street
London, NW3 2QG

<http://www.nres.npsa.nhs.uk/aboutus/>



The Mental Health Research Network supports research in England carried out with the help of people who use NHS services and people who work in them. Once a year, researchers, mental health professionals, meet together to discuss the studies we support.

Book your place now!

visit

**www.mhrn.info
and follow the link**



**Meeting theme:
'Developmental and
youth mental health
research'**

Top 200 Pharmaceutical Products by Worldwide Sales in 2009

This is fascinating. A research group from the University of Arizona have compiled a list of the top 200 pharmaceutical products by worldwide sales in 2009.



We count fifteen psychiatric drugs in the top 200.

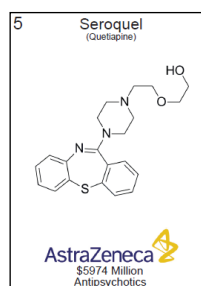
These are:

1. Quetiapine
2. Aripiprazole
3. Duloxetine
4. Lexapro
5. Risperidone
6. Zolpidem
7. Levetiracetam
8. Ziprasidone
9. Amphetamine & Dextroamphetamine

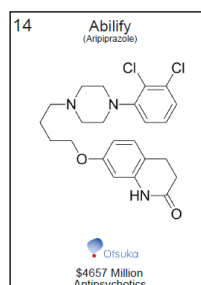
10. Modafinil
11. Escitalopram
12. Rivastigmine
13. Paroxetine
14. Eszopiclone
15. Lisdexamfetamine

You can download the poster (and many others at):

<http://cbc.arizona.edu/njardarson/group/top-pharmaceuticals-poster>



The top selling psychiatric drug on the list is Quetiapine (in fifth place overall) with worldwide sales of \$5974 million in 2009.



Next on the list is Aripiprazole (also an antipsychotic)

So from this list the fifteen drugs in this list made approximately \$29.3 billion in worldwide sales in 2009.

Mental Health in the News

“A patient’s belief that a drug will not work can become a self fulfilling prophecy, according to researchers”

<http://www.bbc.co.uk/news/health-12480310>

To look at the original research paper see:

<http://stm.sciencemag.org/content/3/70/70ra14.abstract>

This is quite an exciting piece of research. The researchers conclude that “patients’ beliefs and expectations can shape both therapeutic and adverse effects of any given drug”.

“Eight weeks to a better brain”

“Participating in an eight-week mindfulness meditation program appears to make measurable changes in brain regions associated with memory, sense of self, empathy, and stress. In a study that will appear in the Jan. 30 issue of [Psychiatry Research: Neuroimaging](#), a team led by Harvard-affiliated researchers at [Massachusetts General Hospital](#) (MGH) reported the results of their study, the first to document meditation-produced changes over time in the brain’s gray matter”

This is an extract from an article from the Harvard University Gazette reporting on the results of a study looking at changes to people’s brains after having completed an eight week course of mindfulness meditation. The full text of the article can be found at:

<http://news.harvard.edu/gazette/story/2011/01/eight-weeks-to-a-better-brain/>

The paper got quite a lot of coverage in the press. Just do a Google search and see...

“Babies and Toddlers Can Suffer Mental Illness, Seldom Get Treatment”

This is a somewhat depressing but very important article.

See: <http://www.medicalnewstoday.com/articles/217235.php>