



Mental Health  
Research Network

**NHS**

National Institute for  
Health Research



# Mental health problems affect all of us

## **Research studies**

in the NHS enable the development of better, cost-effective treatments and services that make sure everyone gets the health care they need.

**The Mental Health  
Research Network  
helps make those  
studies happen.**

The Mental Health Research Network is funded by and part of the National Institute for Health Research (NIHR), and is one of the Topic Specific Networks of the NIHR Clinical Research Network.

**One in every six people in the UK currently has a mental health problem.**

**If you have no experience of mental ill health yourself, someone you know will have.**

A family member, or a colleague at work, a neighbour, a friend or perhaps a friend's child is likely to have a mental health problem.

**GPs spend about a third of their time with patients who have mental health problems.**

**At least one in every 10 people is taking medication prescribed for depression.**

**Between eight and 15 per cent of new mothers suffer from postnatal depression.**

**One in 10 children aged under 15 has a mental health problem.**

**Attention deficit hyperactivity disorder** affects between **four and eight per cent of school age children**, often setting them apart from their peers and making them fall behind in class.

**Four to seven per cent of young women have bulimia and life-threatening anorexia** affects about **one in every 300** adolescent girls.

**About one person in every 100 has bipolar disorder**, and about **one person in every 100 has schizophrenia.**

**Around 5,000 people kill themselves** in England every year. Annually, A&E departments deal with **around 140,000 attempted suicides.**

**In 2007, the estimated amount of earnings lost** because of the thousands of people unable to work because of mental health problems was **£26.1 billion.**

**Research about mental health problems is essential** in order to develop new treatments and services that meet everyone's needs. Finding out why mental health problems develop and who is at risk from mental ill health means help can be offered early on, with a better chance of success. Research can discover if new treatments work, or if existing ones can be honed to offer faster, more effective recovery. Ultimately, understanding more about mental health problems will lead to preventative solutions and cures.

**The National Institute for Health Research Mental Health Research Network (NIHR MHRN) helps health professionals working in NHS mental health services and academics based at universities throughout England carry out research studies involving people with mental health problems and their families.**

Some of the studies aim to develop and gauge the success of new therapies, many of them embracing modern technologies like text messaging and the internet. Others are developing diagnostic tools to help professionals spot mental health problems early on. Some are testing drugs to find out which are most effective; others develop and evaluate new services that can help service users and their families – an intensive support programme for foster carers looking after vulnerable young people;

advocates based in community mental health teams who offer support to service users who are victims of domestic violence, for example. Some studies are looking at the best way to reduce the stigma and discrimination faced by people with mental health problems in their everyday lives. Others are trying to find genes that play a part in the development of mental health problems to inform future research about treatment.

**There are more than 200 research projects running on the Network**, each one supported by a dedicated team of staff employed by the NIHR MHRN. Every study involves service users and carers to make sure the research is relevant to them and to their lives. The studies in the NIHR MHRN portfolio investigate the causes and test treatments for a plethora of mental health problems, including depression, anxiety, autism, eating disorders, bipolar disorder, attention deficit hyperactivity disorder, personality disorders, obsessive compulsive disorder, schizophrenia and self-harm.

**The research carried out by NHS services and academic organisations working with the NIHR MHRN provides the evidence that proves which services and treatments work best, and which are most cost-effective. The government and the NHS can use this evidence to make those treatments and services more widely available.**

## Young children who suffer from anxiety can go on to become anxious adults, more likely to develop other mental health problems as they grow older.

A brand new treatment developed by Clinical Psychologist Sam Cartwright-Hatton tackles the problem early on: it helps parents to help their child learn to manage worries and fears, and develop coping skills. The ten two-hour once-a-week group sessions for parents of children aged under 10 also help mothers and fathers offer a warm, clear and calm style of parenting that is thought to benefit anxious children.

Sam works in Manchester and specialises in anxiety, one of the most common problems in childhood. She developed the treatment after realising that 'handing over therapy skills to parents' brought the most benefit to children.

Seventy-four families in Manchester were recruited to help test the effectiveness of the structured talking treatment in a research trial. Immediately after the group sessions ended, the children whose parents had attended

the course had far fewer symptoms of anxiety. She is currently analysing information collected a year later to gauge whether the success of the treatment has continued. Sam is also producing a manual so clinical psychologists based in other parts of the country can offer the treatment to children and families referred to them.

This NIHR MHRN-supported trial was funded by the Medical Research Council.

## Can offering a package of support to encourage people to become more physically active make a difference to depression?

The TREAD Study is testing the success of specially-trained Physical Activity Facilitators (PAFs) who work with patients diagnosed with depression to set and meet personal and realistic goals. They offer practical advice about different physical activities that might suit individual patients – walking, dancing, swimming or gardening, for example. PAFs work with each patient for up to eight months, meeting or talking to them on the phone regularly.

'People who have depression may suffer from low energy and tiredness. The last thing they often feel like doing is being physically

active. Inactivity, however, can make people feel worse,' said Trial Manager Melanie Chalder.

The idea is that the PAF will motivate people and make it easier for them to become more active by identifying opportunities and facilities that are available in their local neighbourhood.

360 adult patients recruited from GP practices in and around Bristol and Exeter are taking part in the study: half are being given the services of a PAF on top of the treatment offered by their GP. Researchers are regularly assessing everyone who is taking part to allow

comparisons to be made and find out if the extra support and encouragement from a PAF impacts on their depression.

'If we can show this approach helps change people's depression and is cost-effective, the role of the PAF could be something the NHS might fund in future,' said Melanie.

The study is being carried out by the Universities of Bristol and Exeter alongside the Peninsula Medical School.

This NIHR MHRN-supported project is funded by the NIHR Health Technology Assessment Programme.

**NIHR MHRN staff are based at eight offices, called Hubs, throughout England** and work exclusively on helping research teams set up and run studies and clinical trials. The majority of projects involve researchers and health professionals from different parts of the country as bigger multi-site studies involving large numbers of participants help researchers draw more valid conclusions.

NIHR MHRN staff organise the infrastructure needed to support these studies, helping to recruit service users, carers and health professionals to take part in projects, making sure they are

run according to guidelines, offering support for collecting and analysing information, and offering administrative support to make sure projects run smoothly. eScience officers at every Hub help research teams with their technological requirements, including data collection and information sharing, and the creation of websites explaining the research to participants or the public.

Staff also organise a training programme about mental health research, free of charge for people working or associated with studies in the NIHR MHRN portfolio, including study team members, service users and carers.

## Talking therapy could help prevent a first episode of psychosis if young people who are at risk get the treatment early on.

That's the theory behind the EDIE-2 trial, which is following 288 people aged between 14 and 35 who have had experiences resembling the symptoms of psychosis.

These experiences are warning signs, says Chief Investigator Professor Tony Morrison, a clinical psychologist at Manchester University, and include hearing voices every now and then, having a fleeting period of psychosis that goes away without treatment, and being occasionally suspicious and paranoid. Other people in the at-risk category are those currently in emotional crisis who have a parent or sibling with a diagnosis of psychosis.

Previous research has shown that up to half the people who

have these sort of experiences go on to have a first episode of psychosis.

The large trial has recruited young people who have sought help from a variety of sources – including GPs, at school and from Connections counsellors and voluntary organisations. The study has recruited in Manchester, Birmingham, Glasgow, Norwich and Cambridge, and there are dedicated therapists at each site. The therapy – given to half the trial participants to allow comparisons to be made – tackles problems such as anxiety, including fear of madness, low mood, inactivity and relationship issues, and lasts for up to 26 sessions, usually weekly.

The research team is keeping in touch with people for two years to see whether they go on to have a first episode of psychosis, and the trial includes a cost-effectiveness analysis.

The cognitive behaviour style therapy has already proven to be effective in a pilot trial – so much so, that Salford Primary Care Trust and other health authorities have already commissioned the service. In the pilot scheme, only six per cent of those offered the therapy went on to develop psychosis, compared with 30 per cent of patients who did not have the talking therapy.

This NIHR MHRN-supported trial is funded by the Medical Research Council.

## **People who are anxious are more likely to notice the negative things in life – a newspaper story about rising crime is more likely to catch their attention than a story about a big lottery win, for example.**

It is not yet known whether this negative focus plays a part in the cause of anxiety or is one of its products, but Professor Elaine Fox and her team at the University of Essex are investigating whether this subconscious bias can be changed. They have recruited 40 people referred to an NHS clinical psychologist for help with their anxiety to test whether a simple computerised task can encourage them to focus

more on the positive. The task is to acknowledge the position of a 'target' that appears on the screen immediately after two images – one positive and one negative – have been displayed. The research team wants to find out if people can be trained to shift their attention to positive things in real life if the target consistently appears in the wake of the positive image on the screen. Early results of the trial indicate that shift

is happening. 'This is unlikely to be a stand alone therapy, but it could be very beneficial when used with other forms of treatment,' says Elaine. 'It could be downloaded onto a computer at home, for example, for people to use regularly while they were having cognitive behaviour therapy.'

This NIHR MHRN-supported trial is funded by the Wellcome Trust.

## **Living with an eating disorder, particularly anorexia, is extremely stressful and can put a strain on the whole family as they watch their child, parent, partner or sibling struggle with a life-threatening illness. Family members have to deal with difficult behaviour, stigma and shame, anger and guilt, feelings of failure, self-blame and fear.**

Researchers at the Institute of Psychiatry, King's College London, have developed a package of support to give family members the skills they need to help the recovery process and overcome some of the difficulties: the emotional turmoil prompted by an eating disorder can lead to a tense and hostile atmosphere at home, which can be detrimental to the person being cared for. CASIS offers support to families through written material, specially made DVDs and telephone

coaching, all of which illustrate communication and motivational skills. 'The skills carers need at home to manage the symptoms of an eating disorder are similar to those needed by professionals working in specialised services,' said Simone Raenker who is running the trial. 'Family members often don't know what to do to support someone with an eating disorder. By giving them strategies and skills to offer appropriate support, we hope the stress they feel will also be reduced.'

Some 350 families are being recruited to a research project testing the effectiveness of CASIS – from eating disorders services based all over England. Half of the participating families will join the CASIS programme, allowing comparisons to be made over a year as researchers find out what sort of difference it makes.

This NIHR MHRN-supported trial is one of a series of studies funded by a National Institute for Health Research Programme grant.

## Research from around the world has shown that regular time spent chatting with a volunteer can help treat depression – and can be as effective as seeing a counsellor.

GP and Professor of Primary Care Helen Lester and colleagues at the University of Manchester who reviewed the research now want to find out why an hour a week spent with a befriender is valuable, particularly for older people.

They are interviewing people involved in voluntary schemes run by Age Concern in Oxford, Newcastle and The Wirral. 'We're looking specifically at emotional "being-with" type befriending, when a volunteer sits with someone on a regular basis, actively listening,' said Helen. 'We're interviewing

volunteers, managers of the schemes and people who are receiving the befriending.

'As a GP, I've realised for years that sitting with people and listening has a value that I haven't been able to quantify. We're trying to find out what that value is and why just "being with" someone works.'

The information-collecting project is also illustrating a lack of funding which threatens the survival of some befriending schemes run by voluntary organisations – and that they receive very few referrals from GPs. If their

value is understood more, it may be that the NHS could invest money in supporting them and befriending could become a resource for GPs to offer to patients.

'There are not many services available for older people with depression and this simple intervention could be a wonderful alternative to a referral to a counsellor for a limited time,' said Helen.

This NIHR MHRN-supported project is funded by the NIHR School for Primary Care Research.

## People with schizophrenia who hear voices may continue to hear them even after medication has been prescribed.

Some of these voices tell people what to do – and can dictate harmful or dangerous actions. Most people try to resist these aggressive commands, but often feel they must obey because they fear what will happen if they don't.

A new version of cognitive behaviour therapy challenges the power of those voices, particularly if they are telling the person who is hearing them to hurt either themselves or other people. Developed by mental health professionals and academics in Birmingham,

the treatment is now being tested in a large research study, involving 180 service users recruited through mental health services in Birmingham, London and Manchester.

The team working on the COMMAND study includes five specially trained clinical psychologists who are delivering the therapy, designed to reduce the urge to obey the voices and help people feel more in control.

'People think the voices they hear are more powerful than they are,' said Trial Manager Dr Maria Michail,

based at the University of Birmingham. 'The therapy doesn't necessarily stop people hearing the voices, but it takes away their power and the person's belief in that power. There are currently no specific treatments in the NHS for people who comply with command voices. If the research shows the therapy is effective in terms of both treatment and cost, it could become widely available.'

This NIHR MHRN-supported trial is funded by the Medical Research Council.

## Service users and carers can get involved in the NIHR MHRN

through Service Users in Research (SUIR) and FACTOR (Families/Friends and Carers Together in Research). Both SUIR and FACTOR have teams of staff based centrally who work to keep service users and carers up to date with opportunities to work with research teams or shape research plans.

## The MHRN is part of and funded by the National Institute for Health Research,

is managed jointly by the Institute of Psychiatry at King's College London and the University of Manchester and involves more than 38 NHS Trusts, 40 Primary Care Trusts and 20 universities throughout England.

It is one of several research networks run under the auspices of the NIHR Clinical Research Network. This includes six Topic Specific Clinical Research Networks, and the Mental Health Research Network is one of them. The others are Stroke; Cancer; Dementia; Neurodegenerative Diseases; Diabetes; and Medicines for Children. In addition, there is a Primary Care Research Network and a Comprehensive NHS Network.

The NIHR MHRN works closely with similar networks in Scotland, Wales and Northern Ireland to support research being carried out at sites across the UK.

**For more information about the NIHR MHRN, visit [www.mhrn.info](http://www.mhrn.info)**

## 1,000 people with mental health problems are being asked about their experience of unfair treatment and discrimination.

Their answers will help monitor the success of **Time to Change**, an across-England anti-stigma campaign launched by three mental health charities. The annual Viewpoint survey will help researchers at the Institute of Psychiatry at King's College London measure whether the campaign is having an effect on daily lives.

Previous research has shown that 84 per cent of people with mental health problems in England have experienced discrimination getting jobs, mortgages,

healthcare, friendships and relationships. The telephone interviews ask about people's experiences in all these areas of their lives. 'We are also asking them about their anticipation of discrimination – whether they don't do things because of fear of unfair treatment,' said Claire Henderson at the Institute of Psychiatry.

The first Viewpoint survey took place in 2008 before the launch of **Time to Change**, which includes a social marketing campaign with national adverts designed to break down the myths

and prejudice surrounding mental health problems. The surveys will continue until 2011 when the campaign ends. 'We will be able to compare the results of each survey with the previous year to see if, over time, there is a reduction in the overall level of discrimination,' said Claire. Interviewees are being recruited through mental health services run by NHS Trusts that are part of the MHRN.

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