Widening our research base

Why should *Psychologist* readers be interested in the Mental Health Research Network?

The Mental Health Research Network is a major research opportunity for *all* psychologists. It allows us access to cohorts of patients and staff in mental health services across the country so we can study health service issues as well as testing theory in more powerful designs with large numbers. It could be used by occupational psychologists wanting to investigate staff stress, by clinical psychologists developing a theoretical understanding of schizophrenia, and by social psychologists who want to understand social representation. I'm sure there are many other creative researchers with ideas in neurosciences as well as applied psychology that could use this network.

The Network is also important as a government investment in mental health research, which has often been the poor relative of other high-priority healthcare issues like cancer.

Why has the Network been set up?

We need some blockbuster studies. Most, particularly in mental health, are small. In schizophrenia the maximum is about 60 participants, and over time this hasn't increased. Although small studies are often informative, they don't have the power to help us decide whether a treatment is effective or whether it provides the same effects in London and Manchester. Recent reports of hormone replacement therapy have shown how recommendations can change when you have large studies. We need to know if this is the case for mental health. The idea behind the Network is to create an infrastructure to support this large-scale research.

GETTING IN TOUCH WITH THE NETWORK

How to run a study on the MHRN:
www.mhrn.info

Contacting the MHRN:
MHRN, PO Box 88, Institute of Psychiatry, De Crespigny Park, London SE5 8AF; or e-mail mhrn@iop.kcl.ac.uk

D**OROTHY** F**IELDING** *(Vice Chair of the Division of Clinical Psychology) interviews* T**IL** W**YKES** *about the Mental Health Research Network.*

Why are these large studies not being carried out?

Multicentre studies offer a way of recruiting large numbers so you can finish a study before retirement. But they are time-consuming to set up with lots of organisational hassles, and as soon as the study is complete all the valuable information about the easiest ways of contacting participants and who is helpful in the recruiting is lost. The Network infrastructure will continue after completion of a study, and all the historical information can be used to benefit the next groups of researchers.

Will the Network help in other ways?

It isn't just how tough it is to run large studies – you also need high-quality research proposals and large amounts of grant funding. The Network will set up research groups that will bring together researchers in the field who will be expected to produce fundable proposals to topical issues. Both in the UK and US the amount of money spent on mental health research is way below the proportion of money spent in direct care costs. We want to improve this situation, so we're talking to funding agencies to persuade them to make further investments. The MRC has been very responsive to these arguments and has recently made available money specifically for building these larger-scale projects in mental health (see *www.mrc.ac.uk/index/funding.htm*). We hope to persuade more funders to do the same.

I am sure that many psychologists will be very interested to hear that it's a fellow psychologist who is heading up the new National Institute for Mental Health Mental Health Research Network.

Over the years I became more frustrated with the research in mental health. We needed larger studies to sort out some crucial issues in theory, service provision and intervention evaluation. As soon as I heard about the Network it was obvious that this could be an answer, and luckily

our bid to run it was accepted by the National Institute for Mental Health in England (NIMHE).

The fact that I am a psychologist is significant to the profession. It reflects the importance of psychological as well as medical models of mental health, and also the research expertise that is emphasised in our training.

How do your own research interests fit in with your new role?

I want to see more clinical trials of psychological and service interventions – these are essential to refining practice. The longitudinal perspective is also important, because we can investigate the effects of change as they fit our current theories.

Because of my work with service users I also now understand the benefits of their involvement in the whole research process. Service users can guide us to ask questions in the most appropriate ways, so that we really do test our hypotheses. They can also steer us to the most appropriate methodology.

For example, in a recent study I carried out with service users we investigated the risks and benefits of ECT. This study showed that not only were researchers investigating the wrong sorts of risk, but also that the type of method chosen affected the amount of reported benefits. Service users reported losses in autobiographical memory as a major risk of treatment, but our investigations showed that most research studies used only simple episodic memory tests and therefore probably underestimated the risks of treatment. In addition, the reported benefit was much higher if the service user was interviewed in a hospital by a clinician, than if they were interviewed by another service user or an independent researcher.

Who runs the Network?

It's run by a partnership between the Institute of Psychiatry at King's College London and the University of Manchester. We are made up of clinical academics with research interests that span biological,

psychological and social research across topics and developmental stages.

There are seven hubs based in different parts of the country. Each consists of universities as well as clinical services. So far we have 18 universities and 26 NHS Trusts, and we cover 17.8 million people – more than a third of the population in England. We also have a hub to support service-user involvement across the network, called SURGE (Service User Research Group for England). All our hubs are chosen through an open competition.

What studies are being developed?

We have already adopted three research projects. The first is a clinical trial of psychological treatments for people with schizophrenia and substance misuse problems. The second looks at service-user views of the current Mental Health Act as a baseline for looking at future changes. The third is about mental health professional support for carers. We are helping researchers develop new studies to investigate the efficacy of self-help treatments, as well as studies looking at improving the recovery rate in early psychosis.

How will the Network help these large projects?

The Network doesn't fund research, it just hosts it. And we don't have our own researchers just yet. But we do have staff who can oil the wheels by providing help in making recruitment easier and by taking on some of the research governance and organisational tasks that researchers often find very irksome.

What will be the main research priorities of the Network?

It's paid for out of government funds, so its first priorities will be those set by the Department of Health – but this is a very broad remit. Our research groups will also produce programmes of projects that fit neatly together, which we hope will also influence government priorities for future research.

Recent articles in *The Psychologist* have commented on the difficulties that clinical psychologists have had in developing research programmes within the NHS. Will the Network have a role in developing research capacity amongst clinical and other applied psychologists working in mental health settings?

I think the Network presents an exciting opportunity for psychologists. So far in mental health research there has been a centralisation of funding in one or two main

Til Wykes is Professor of Clinical Psychology and Rehabilitation at the Institute of Psychiatry in London. She is head of the Centre for Recovery in Severe Psychosis, and the Service User Research Enterprise. She is a Fellow of the BPS and received the May Davidson Award in 1995. Her research is mainly in the area of severe mental illness, where she is involved in developing innovative therapies as well as investigating theory about cognitive skills.

centres, which then produces even further centralisation of research capacity and skills for larger-scale research. Psychologists already have the skills in basic research design, but we will be building capacity and skills for large-scale studies. There will be opportunities for psychologists without this experience to become more involved and build their confidence in doing this sort of research themselves.

Where do you think we should be going with research in general?

This is a really big question, but if I had to

choose I'd say there were two main things I'd like to see change. The first is collaboration. Psychologists have expertise in very different areas, and I would like to see more collaboration between them to solve problems. Within the health and social care services, clinical psychologists need social psychologists to help us to develop programmes to combat stigma. Occupational psychologists can help us not only to develop 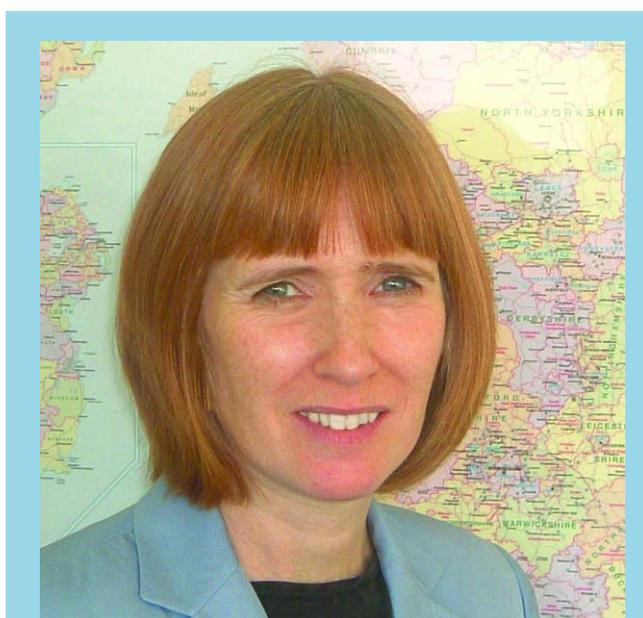ways of increasing employment for people with mental ill health but also to show us how organisations can benefit or impair mental health. There are many other areas in which a sharing of expertise would be a great benefit.

The other way I'd like to see research change is also about using available expertise. There is a large gap between the efficacy of treatment in a research study and its effectiveness in practice. The reason may be that we don't know enough about the risks of treatment. The research studies often assess the benefits but don't assess all the risks, so that when we implement the therapy it may not be acceptable to people. For instance some medications have sexual side-effects and these often go unrecorded, but these are often the unwanted effects that put people off the treatment. We need to communicate much more with our participants and perhaps adopt qualitative as well as quantitative methods in our studies. After all, the real experts are those people who have had direct experience of using services.

You are clearly enthusiastic, but to sum up – do you really think the Network is going to have an effect?

I think the Network represents a unique opportunity to widen participation in research and help reshape mental health practice with evidence. I will feel it has worked if we can engage researchers and clinicians from a variety of backgrounds to produce some creative solutions to very complex questions.