

INCREASING PUBLIC INVOLVEMENT IN MENTAL HEALTH CLINICAL RESEARCH DELIVERY

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With thanks to the ENGAGE group (OH-CRF PPI group)

The NIHR Oxford Health Clinical Research Facility (OH-CRF) delivers mental health research and hosts ENGAGE, a mental health Patient and Public Involvement (PPI) group. Through consultation with ENGAGE, OH-CRF staff, and local clinical and third-sector teams, OH-CRF developed structured processes and measurable outcomes to increase the degree of ENGAGE's public involvement from "minimal" to "collaboration".¹ These were incorporated in OH-CRF's PPI and Equality, Diversity and Inclusion strategies.

CONSIDERATIONS

1. Promoting accessibility and wellbeing of PPI contributors with mental health diagnoses.
2. Developing local PPI processes.
3. Increasing uptake of PPI from external research teams.
4. Measuring impact and learning from PPI.



ACTIONS AND OUTCOMES

Co-production in:

- Study visit run throughs prior to first participants.
- Staff interview panels and questions.
- A structured accessibility-focussed environmental survey using The King's Fund EHE Environmental Assessment Tool.²
- Study documentation review during set-up.

METHODS

1. Accessibility and wellbeing

ENGAGE advice...

Planned debriefs in case of triggering topics

Flexibility in meeting and feedback format, e.g. online, in-person, phone, email

Understanding that attendance can fluctuate

4. Impact and learning

OH-CRF, ENGAGE, and Trust experts by experience co-designed feedback forms for PPI contributors and researchers. Example questions:

- How well do you think co-production was incorporated into the involvement work? (e.g. efforts to include you, listen to you, act on what you've said...) (source: PPI contributor form).
- Do you feel the PPI contributor(s) made a significant contribution? Please explain why you have given this answer (source: researcher feedback form).

2. Processes and procedures

OH-CRF, local third-sector organisations, local clinical and research teams, and Trust teams (Experience and Involvement, Legal, Volunteers, Human Resources) collaborated in the development of:

- A confidentiality agreement for PPI members.
- A process for PPI representation on staff interview panels.
- A step-by-step guide for study visit run throughs.
- Decision making flow chart for OH-CRF funding of PPI for external study teams.
- Revised PPI payment policy.
- Training.

3. Uptake

Researchers and ENGAGE group members:

Identified **key timepoints** for PPI collaboration during set-up

Added an **opt-out** rule for PPI study visit run throughs

Co-designed flyer detailing the benefits of ENGAGE

Standardised **information**, e.g. email templates, explaining processes and benefits of OH-CRF PPI for external teams

"The staff gained confidence in the visit. We gathered valuable feedback both for our specific site and the study team that will enable us to optimise the visit both from a coordination and participant point of view."

(OH-CRF Researcher following study run through)

"I felt included and listened to...we were a good team together and supported each other...this was a really good experience."

(PPI contributor following staff interview panel)

OUTCOMES AND IMPACT

OH-CRF PPI activities expanded **from minimal involvement to collaborative initiatives** (see Table 1).

Only 3/15 study teams opted out of study visit run throughs with PPI contributors, which increases future opportunities.

From 2022-2025, ENGAGE membership increased from 2 to 16 active members, and average ENGAGE meeting attendance increased from 2 to 8 attendees. ENGAGE members reported that these increased involvement opportunities supported the group's recruitment and retention.

Collaboration resulted in processes and resources which enabled collaborative mental health research delivery PPI. These can be adopted by other mental health and research delivery teams to increase public involvement.

REFERENCES

1. Oliver, S., Clarke-Jones, L., Rees, R., Milne, R., Buchanan, P., Gabbay, J., Gyte, G., Oakley, A. & Stein, K. (2004) 'Involving consumers in research and development agenda setting for the NHS: developing an evidence-based approach', Health Technology Assessment, 8(15).
2. Waller, S., Masterson, A., & Evans, S. C. (2017). The development of environmental assessment tools to support the creation of dementia friendly care environments: Innovative practice. Dementia, 16(2), 226-232.

Degree of Public Involvement			
Minimal	Consultation	Collaboration	Control
2022: Responding to participant feedback, ENGAGE suggested ways of increasing their impact on CRF practice.	2023: Identification of actions and processes above. 2023-2025: Review of study design and documentation for 4/15 external research teams.	2024-25: - Two commercial study visit run throughs, with sponsors invited and feedback shared for implementation. - PPI members on three staff interview panels. - Environmental survey and accessibility-focussed action plan. - Co-designed resources above, e.g. feedback forms.	No activities were appropriate for full PPI control.
Example outcomes and actions from study run through			
Identifying potential triggers and support required. Clarifying time commitments to ensure clear expectations and informed consent. Ensuring visit is streamlined and efficient to maximise staff and participant time. Identifying appropriate timepoints for participant breaks. Recruitment avenues.			
Future developments			
Identify areas that would be appropriate for full PPI control.			

Table 1, adapted from Oliver *et al.* (2004).