

Mental Health Social Care Summit

5th and 6th December 2023

MHSCI Mental Health
Social Care Incubator

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Introduction

Mental Health Social Care (MHSC) is an emerging and evolving field of research and practice within mental health care in England. MHSC is in many respects not new - it builds on a prodigious amount of excellent work in social care practice and research with people experiencing mental health challenges. What MHSC does, is bring this practice and research together into one identity. Until now, the power of social care in mental health has been diminished because research and practice in this area have generally been dispersed and highly disconnected. For this reason, its profile has often been low in national and local policy making. This is despite everyone, especially those living with mental health problems, agreeing how important the social aspects of support are to helping people live better lives. Combining compelling social care research and practices for people living with mental health challenges, under a single identity, MHSC, boosts their overall impact. It creates a stronger foundation for a research-policy-practice partnership, from which a more compelling case might be made as to the importance of MHSC in high-quality, well-balanced mental health care and support.

MHSC has been defined as a sector which: “Empowers people living with mental illness, people experiencing mental distress, their unpaid carers, and local communities. It seeks to enable people to lead fulfilling and independent lives by providing information, advice and offering practical, personalised support with everyday activities. It facilitates agency and the ability to access a life with purpose, meaning and a voice as an active citizen - not just the absence of symptoms. Through working in and with communities, mental health social care helps to develop their capacity to be supportive, resilient and emotionally healthy.”

(Mental Health Social Care Policy and Oversight Group (2023) Mental Health Social Care: What it is, why and how it matters for Integrated Care. Association of Mental Health Providers. p.2)

One way in which this was summarised by people at the Summit was in the aspiration that practitioners, peers, services and organisations make a difference to improving lives by ‘being alongside people’.



Ongoing work, including a scoping project funded by the NIHR School for Social Care Research, is adding more to our understanding of what MHSC is, what the existing evidence base looks like, and what the priorities for future developments in policy, practice and research are. This Summit was an important step in developing a community of people interested in expanding MHSC research for improving practice and policy. It was the first time that such an extensive group of stakeholders in MHSC has had an opportunity to come together to develop the research agenda for an area of policy and practice widely seen as underdeveloped.

The discussions from the Summit will shape the work of the MHSC Incubator (see below) and inform planning of networking opportunities for members of the community to support each other in developing their research interests – be they in planning and undertaking research, learning more about research by helping deliver projects, and/or learning more about using research evidence to support policy and practice developments.

About the Mental Health Social Care Incubator

Recognising that most connected with MHSC are a long way from the traditional orbits of mental health research, the National Institute for Health and Care Research (NIHR) supported the development of a research Incubator to help build research capacity in the sector. More individuals and organisations in MHSC need to be engaged in planning and conducting research, actively participating in research, and in using research evidence. This is especially important if we are to engage marginalised communities and community organisations, working with them to address long-running challenges and inequalities in mental health care.

The Incubator, co-led by Michael Clark (London School of Economics & Political Science) and Catherine Robinson (University of Manchester), will initially be supported by the NIHR from 2024 through 2027. A key partner in the Incubator is the Association of Mental Health Providers (partnership lead Duncan Tree, the Association's Director of Policy, and Partnerships) and its network of around 300 voluntary and community sector organisations working in mental health. Linda Bryant, Chief Executive of Together for Mental Wellbeing UK, is the chair of the Incubator's Advisory Group.



If you are interested in knowing more about the Incubator or joining its network, please get in touch:



@MHSC_Incubator



mhsc.incubator
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‘As someone embarking on my journey into research, I found the event really inspiring and interesting’

Attendees

Over its two days, the Summit was attended by 40 people, representing a range of perspectives, including people with lived experience of having mental health problems and/or of being a carer for someone who does, of working in and leading MHSC organisations from the voluntary and community sectors, and practice experience in the statutory sector. Invitees were initially drawn from our collective networks. As the MHSC community grows, particularly linked to the Incubator, we will be making opportunities to connect and develop research interests more widely available. A goal of the Incubator over the coming three years is to establish an inclusive and diverse community of interested partners. There is some way to go with building the desired community and being more widely inclusive, but significant progress has been made with this Summit, establishing the Incubator, and starting to grow the shared community of interest.

A key intention for the Summit was to not only discuss growing MHSC research, but to provide an environment in which people from these perspectives could get to know each other and begin to form the relationships needed to develop the next wave of MHSC research, grow capacity and develop more impact for MHSC.

The Programme for the Summit

The Summit began with introductions, focusing on people's stories and how we all came to be together in the room. After an introduction of the aims of the event, colleagues split into small groups and discussed their vision for MHSC research. They then discussed MHSC as an identity, and what they see as the strengths and opportunities for us working under this identity. Colleagues then heard about the NIHR-supported MHSC Incubator. They were then asked to discuss in groups how they thought we could deliver on the strengths and opportunities for MHSC and the role of the Incubator in that.

On the second day colleagues were asked to discuss what would be their research priorities for MHSC and how to make progress on these. They then heard about the developing landscape of NIHR support for social care research, including:

- New research funding streams.
- New NIHR Academy fellowship opportunities.
- The new Research Support Service to help colleagues develop grant and fellowship proposals.

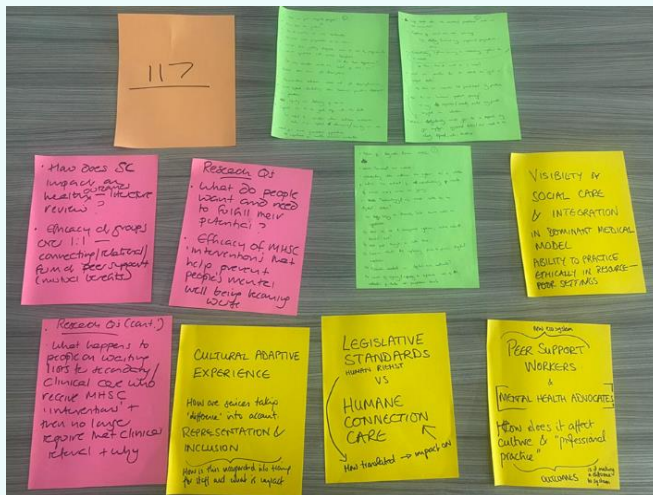
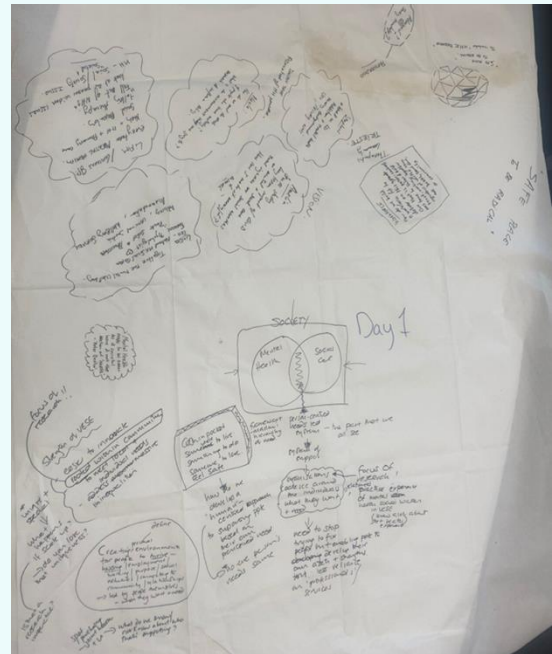
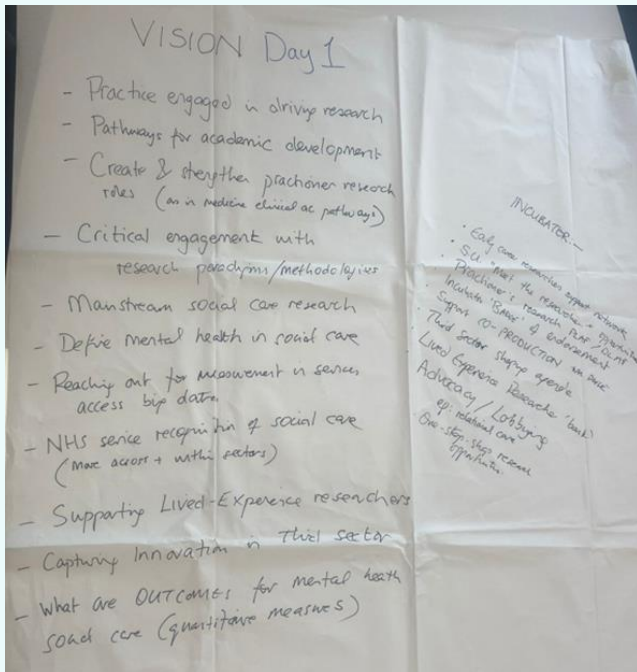
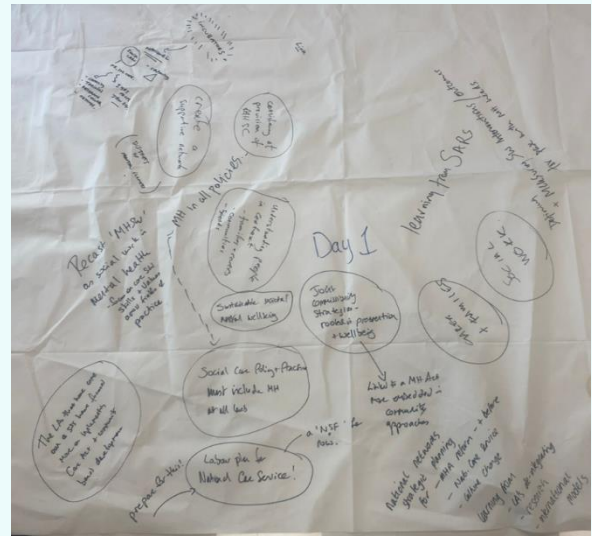
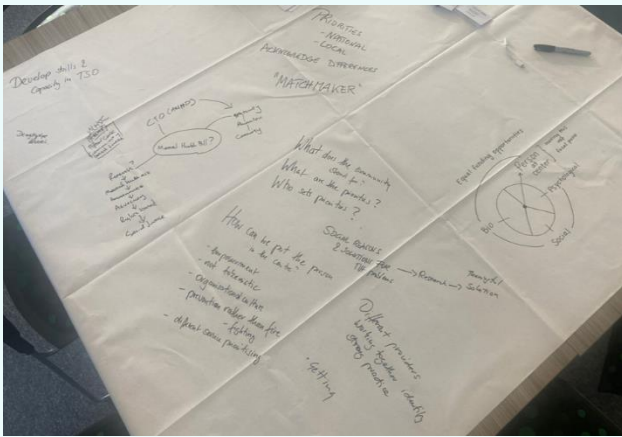
Groups were then asked to discuss what they thought of this developing landscape and the aspirations they expressed the previous day for MHSC research – i.e. what does the NIHR support infrastructure look like from your perspective? Is there anything else missing by way of support they'd like to see?

Day 2 concluded with a review of the discussions and thoughts on next steps.

Notes were made on tablecloths and sticky notes in the discussion groups. This is a brief report of the rich discussions over the 2 days. It was clear at the meeting that there is a shared community of interest in MHSC, and that the seeds of interesting research ideas and capacity building possibilities and opportunities were emerging.



Tablecloths and Sticky Notes



A Vision for MHSC Research

Colleagues welcomed the development of Mental Health Social Care as an identity for work that is vital to developing local mental health care systems which include strong social dimensions to the support they offer. Social outcomes are the most valued by many, but this aspect of care systems is often overlooked leading to unbalanced support to people. They also recognised that the under-developed nature of MHSC research hampers growing the field and developing this more strategic vision. They welcomed this opportunity to develop a community together to address these challenges. For the future vision of MHSC research they articulated a set of foundational principles they would like to see, namely:

A pluralist perspective should underpin research systems, that actively seeks to include different voices and sections in society, and which uses a variety of means to achieve this. Co-production of knowledge, drawing together the best of evidence from different perspectives, including lived experience, should be foundational to the system, with a more democratic ethos to knowledge exchange and mobilisation for better impact on services and improving people's lives. Practice, including community and voluntary sector organisations, needs to have better opportunities and structures to allow it to be more clearly engaged in developing research agendas.

The system needs to be methodologically inclusive, identifying the best methods to address the priorities and questions the community sets. This should include support for smaller projects and arts and humanities approaches.

Strength-based perspectives should underpin research and support developing similar approaches to practice: identifying the strengths of different individuals and assets of communities which they can contribute to research; learning from each other, valuing different skills, developing relationships and building trust and reciprocal opportunities.

A system is needed that supports a diversity of curiosity and which can generate new ideas and be innovation led. The Voluntary and Community Sector, including organisations led by people with lived experience, has a strong tradition of innovation and the potential to better connect this with research is

Creating environments for people to thrive allows them to contribute to a vibrant, relevant and robust research community.

Happily, the ethos of many large research funders, especially NIHR, fits with these values. Skills and experience in co-production have blossomed more widely in recent years and are now much more part of the mainstream of health and social care research. This development has helped to raise the profile of the need to also engage practice more in research – this is still a developing area, but the momentum is moving in a positive direction with, for example, developments such as the [Charter for Research in Adult Social Workers](#). A more significant obstacle to negotiate is the need to develop support for the voluntary and community sector to be more engaged in research and on a more equal footing. This is especially important in the context of MHSC, as this sector includes many smaller organisations working directly with underserved individuals and communities. Importantly, colleagues in these organisations are likely to hold significant insights and have trusted partnerships to help address continuing inequalities.

However, there was a concern amongst participants that some structural impediments still limit the degree to which this ethos is fully operationalised. An example is the desire to see more expert-by-experience, peer, or survivor-led research – recognising the unique contribution it can make to knowledge and addressing epistemic and other inequalities. However, this mode of research is still rare as it is difficult to get funded, and administrative requirements about who can hold contracts with research funders hamper building research capacity in this space. The ethos of national research systems supports greater inclusion and more innovation about means to achieve this, but administrative requirements were still seen to be rigid and preventing this ethos from becoming fully operational.

Similarly, there is some way to go with developing career pathways for people in MHSC practice to be more engaged in research and to play key roles in developing a more practice-engaged research environment. Practitioner researchers can support connecting research and practice, helping to make research relevant to practice and taking research evidence into practice. Developments such as new NIHR Academy funding streams for practitioners in social care and the NIHR-endorsed Research Charter for Adult Social Work are very welcome statements of intent, but there is more to be done to develop the kind of MHSC research-practice interface seen in lots of areas of health care.

The development of the Incubator was seen by participants at the Summit as a very significant step forward in improving the infrastructure to help operationalise the principles set out above. The Incubator itself was thought to have laid a solid foundation by trying to ground its development in these principles and being inclusive, as represented by the range of experiences present at the Summit. It was felt, however, that the Incubator should be challenged by stakeholders to go further, for example, in developing its inclusiveness. Participants acknowledged, though, that there remain structural challenges which the Incubator alone cannot address.

Participants saw many of these principles as resonating directly with the ethos of MHSC and as what ought to underpin relationships towards [developing better local integrated systems of mental health support for individuals and communities](#). However, it was felt that the NHS needs to better recognise the role of MHSC in local mental health systems and more seriously consider its potential to help people and communities of the research environment, if MHSC is to flourish and have the desired impact.

Strengths in and Opportunities for MHSC Research

People saw that MHSC has many strengths which partners would be willing to bring to the Incubator, including extensive research networks and practical and lived experience. Indeed, considering the principles set out above, this co-production, partnership approach of sharing expertise and other resources was seen as essential to developing more evidence informed MHSC and to improve the biopsychosocial balance of local care and support systems. Opportunities participants wanted to see explored to support more and better MHSC research were:

Better understanding of outcomes in MHSC that include social priorities for people's lives. Relatedly, they wanted to see more investment in routinely collecting high-quality data which encompasses social priorities, and a holistic view of these rather than focusing on isolated issues, such as employment. Such data was seen as invaluable to developing practice (including commissioning of services) and to improving services, and generally helping to build a more robust evidence base for MHSC.

Exploring the data that many voluntary and third sector providers currently collect would be helpful in developing the current evidence base and informing developments in line with the previous point.

Moves across health and social care to develop a more prevention-oriented approach and ones working with communities – which would better help people and communities. This should include explicit work directed at being inclusive and addressing inequalities, a particular area requiring investment in more research to develop the evidence.

Help for the networks of organisations and individuals working with and within marginalised communities to be more engaged in research - there is still some way to go to help all communities feel invested in organising the direction of research.

This relates to the need to explore of different ways to engage people and communities, especially those from underserved communities, in research. This should include exploring the place of the arts in this, and of action and participatory research approaches which start from the cultural and social positions and experiences of participants and partners. There is experience of these approaches in the growing MHSC community, but people need space to share and continue to develop these practices.

Through the umbrella of MHSC there are opportunities to better articulate a shared sense of 'good practice' that makes a difference to people's lives and their abilities to live well and enjoy lives meaningful to them. Through the growing MHSC community of research-practice (including lived-experience of having mental health problems and/or being a carer for someone who has) there are opportunities to develop powerful innovation-research networks to develop the evidence base. Structures are important to regulate research, but if they ossify, they will not be innovative or inclusive and relevant to different communities.

More opportunities for impact to improve practice and policy will develop as the research grows, and this should include the teaching-research interface to develop the practitioners of the future in MHSC.

There is some way to go to build a strong policy-research environment for MHSC that supports developing a better strategic vision for the sector. Participants were energised that there is now momentum in the right direction, particularly as evidenced in the partnerships at the Summit and the Incubator. They were also encouraged that with the opportunities and experience discussed above, there are foundations to build on this.



The activities that people thought the Incubator could develop over the next 3 years to help build and consolidate the MHSC research community were:

Demystify research for non-researchers in the network.

Matchmaking between experienced researchers and those with little to no experience but who have an interest in developing their involvement with research.

Creating a supportive environment and inclusive community.

An early career researchers support network.

More “meet the researcher” opportunities to help people think about engaging in research more, including for people with lived experience.

Helping people to understand research funding opportunities e.g. the NIHR Academy Local Authority Fellowship scheme, and navigate the systems of funding and for developing research proposals.

The Incubator might develop as a “badge” of endorsement that a project linked to it has a network behind it that sees the proposal as relevant to practice and people’s lives and which can assist in helping to deliver the project and prepare pathways to impact.

Support continuing to develop co-production in research, including support to people with lived-experience to be more involved; this might involve developing lived-experience research bank.

More work with the voluntary and community sector to scope opportunities to develop research capacity.

Advocacy/lobbying to continue to develop the research environment to support growing MHSC capacity grounded in the principles identified above.

Research Priorities for MHSC

The group recognised that it is early in terms of establishing a full research agenda and priorities, especially as most at the Summit were very new to thinking about research. However, they did identify the following themes they felt a MHSC research programme ought to consider:

Further work defining MHSC and how its values and elements can be operationalised in a consistent but personalised way relevant to different communities; this includes understanding people and their contexts.

The previous point should also encompass developing an economic case for MHSC.

Developing culture change in local mental health systems that better engages and supports a MHSC approach.

Looking at the interface of Primary Care & MHSC for more responsive and personalised support to people, including examining opportunities for prevention.

Evidencing the links between social care and quality of life and health outcomes.

Support approaches which help people to lead better lives, including health promoting interventions from a MHSC perspective. This includes understanding how to appropriately employ different modes of working to do this, e.g. group and/or 1:1 approaches. Further developing and evidencing the role and value of peer support in this should also be a priority.

The links between MHSC issues and the criminal justice system were another potential priority, e.g. researching better support to people leaving custody; creating environments for people to develop new identities and hopes for their lives, and means to make these real for them.

MHSC approaches to prevention (in all forms) across the system and with communities e.g. connecting with people who are on waiting lists for NHS mental health support.

Adapting models to different contexts, including working with different communities and cultural settings. Taking 'difference' into account and being inclusive to address inequalities.

Advocacy, including for people using mental health care services and by people with lived experience to influence research, policy and practice agendas. Getting alongside people.

Continuing to develop the evidence base for co-production of practice and research.

Looking at the interface of Primary Care & MHSC for more responsive and personalised support to people, including examining opportunities for prevention.

Evidencing the links between social care and quality of life and health outcomes.

Developing humane, compassionate and connected/ing environments.

Understanding people's journeys through systems; how to measure key aspects and outcomes and understand what works well, when and how. Integrating different support at the right time(s) to get the best from different approaches.

Understanding different ways of helping people to navigate systems and develop personalised support, e.g. peer support, community navigators and groups, and the place of technology.

Developing a strengths perspective to everything, and not just a negative risk one, including in, for example, how technology is developed and deployed. As well as individual strengths this should include community assets and how they support people. Reciprocation was something valued in these relationships of hope.

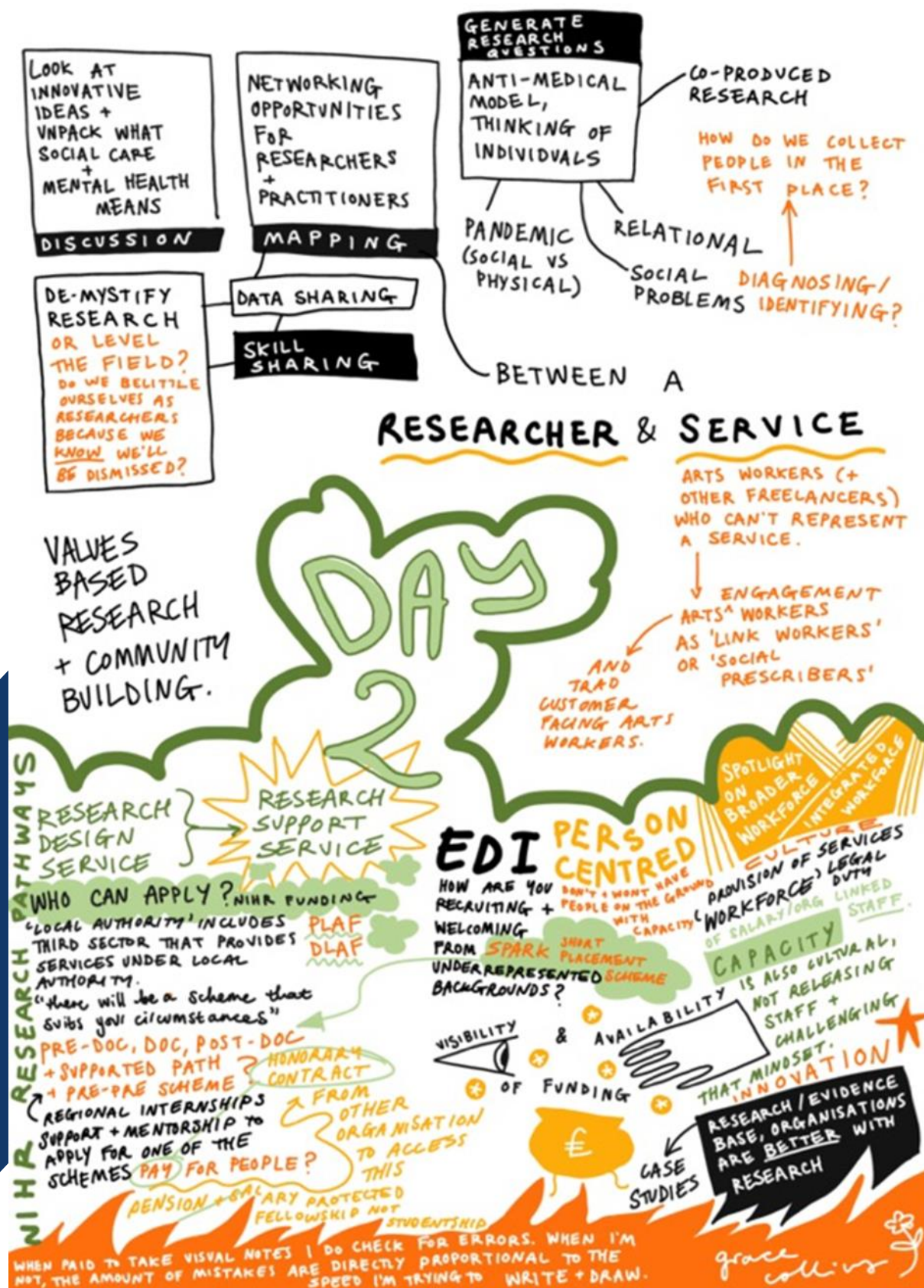
How to enable a MHSC ethos in organisations and systems that sometimes seem to undervalue or even undermine it. There is a need to explore more the interactions of organisational, practice and legislative boundaries and how they dis/enable a MHSC ethos.

An Artistic Eye on the Event

We were very fortunate that one of the people attending, Grace, is an artist and developed their own notes of the event in their own distinctive style. Grace shared them with us to add to our notes, and as they form such a coherent and distinct report of what happened over the 2 days we asked if could share them in this report. Grace happily agreed. Grace wants us to stress that the notes were not made for this purpose but as their own memory of what happened. In the manner of the ethos we hope to develop for MHSC research, we want to share all distinctive voices and perspectives, so Grace's images are reproduced over the following pages. They speak for themselves.









Conclusion

This Summit was the first opportunity for a group to come together and explore the emerging field of Mental Health Social Care. If this space and the evidence to support its impact on mental health policy and practice (and ultimately on improving people's lives) are not more coherently developed there is every reason to believe that MHSC will continue to have a low profile in funding and priorities. This is despite the fact so many would assert that the social outcomes it supports are essential to helping people live flourishing lives. As a foundation to growing a community to achieve these goals the Summit was seen to be a success by participants and the developing infrastructure of the Incubator a significant achievement in enhancing the resources, infrastructure, and identity to ensure the momentum gained here is not lost.

What the participants said...

As someone embarking on my journey into research, I have found the event really inspiring and interesting. Lots of different perspectives that will now help me to focus that I may not have considered!! Thank you!!

Great event & the mix of people brought together. Very helpful for understanding the purpose of the Incubator & what it can/can't do.

Thank you. It took a little while for a 'non-research' person to understand the role and purpose of the incubator, but I got it in the end. Really helpful to understand the research opportunities available and also to be with creative and committed people to kick around ideas/understand the data we already have available etc.

Great event bringing people together - such a great group of people. Really good conversations and re-kindling of acquaintances which will hopefully lead to some positive collaborations. Maintaining an inductive approach is important as well as working together to develop the concept of mental health social care (as social care in mental health!)

Great event to improve information on attendees' research interests; collaboration requests to this network will now be easier.

Great to share a room with MHSC 'dreamers!'. Can we extend to include Social Work/Social Care leaders in Local Authorities/NHS/Voluntary and Community Sector Organisations? Great to build research community with this focus.

Acknowledgments

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