



# Mental Health Research Groups (MHRG) logic model

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Established in 2006, the [National Institute for Health and Care Research](#) (NIHR) seeks to improve the health and wealth of the nation through research and is funded by the Department of Health and Social Care (DHSC). Its funding programmes support high quality research in a broad range of topic areas that benefit the NHS, public health and social care. This includes mental health research, and career development funding awards for mental health researchers.

Innovation lies at the centre of the NIHR's strategic mission, described in [Best Research for Best Health: The Next Chapter](#). Of the seven areas identified, a strategic focus includes bringing clinical and applied research to under-served regions and communities with major health needs.

The NIHR is looking to establish up to 10 NIHR Mental Health Research Groups (NIHR MHRGs) in geographical areas with high mental health (MH) burden, limited local research capacity and low recruitment into mental health research studies ("target areas"). These will be collaborations between higher education institutions (HEIs) within target areas, and higher education institutions with more experience and expertise in mental health research, who have a shared interest and vision. The lead applicant will be the former: the role of the 'established' partner university will be to support that development through mentoring, sharing of resources, innovation, training, knowledge exchange and mental health research expertise.

The Mental Health Research Groups will deliver an ambitious five year mental health research programme, with the overarching aims of:

- Building capability and capacity in the target geographical areas;
- Developing a portfolio of substantive, at scale, applied health research with an emphasis on specific needs of local areas, engaging with the local health, public health and social care systems and local communities with lived experience of mental health conditions.

The development of this funding programme has been underpinned by a range of analyses including the potential pipeline of senior research staff, mental health research outputs mapped against mental health burden (using the Small Area Mental Health Index) and by discussion with a range of senior experts in mental health and in NIHR research management.

The aim is to fund up to 10 Mental Health Research Groups at up to £2.2 million per annum for five years (£11 million each over 5 years) with the option of an extension for a further 3 years. The scheme will be aimed at both higher education institutions with limited mental health research capacity wishing to expand and those with no existing mental health research capacity (for example, a new medical school).

It is understood that many higher education institutions in target areas may not be in a position to immediately apply for a Mental Health Research Group award and therefore additional funding to enable preparatory work to develop a Mental Health Research Group award application will be available. Support will therefore be available at two complementary levels:

- Mental Health Research Leaders Award (MHLA)
- Mental Health Research Development Award (MHDA)

Eligible institutions with limited or no research capacity can bid to host a mental health Research Leader for five years. The new Leaders once appointed will be eligible to work up a proposal within 12-24 months to graduate to the full NIHR Mental Health Research Group award. One or more additional Mental Health Research Group calls will be run at this point.

Eligible institutions with some pre-existing applied mental health research capacity (in the sense that they have a team which could apply for an Mental Health Research Group) but are not currently in a position to apply for a Mental Health Research Group in the initial funding round can apply for The Mental Health Research Development Award. This award is designed to support an higher education institution to carry out targeted preparatory work to develop a competitive Mental Health Research Group application.

To assist with planning, implementation and evaluation of Mental Health Research Groups, the programme team have created a logic model as a visual representation of the programme. A logic model outlines the resources which will be put into the programme ('inputs'), the activities which will take place in the course of the programme, the outputs or direct results of the programme. It then details the outcomes or changes that might be expected as a result of these other components of the programme.

While the inputs, activities and outputs are under the direct control of the programme, the short and medium term outcomes are those which can be directly influenced and the long-term outcomes and impacts expected after more than 10 years will be in the programme's sphere of indirect influence.

The logic model was created by the NIHR Mental Health Research Group programme team in collaboration with the NIHR Coordinating Centre Monitoring, Evaluation and Learning

team with guidance and input from the Programme Director of the Programme Grants for Applied Research Scheme.

The logic model is shown above and described below.

## Inputs

The first component of the logic model focuses on inputs, which are:

- Research and policy demand: variation in mental health burden, capacity and recruitment in England
- Research capacity:
  - Staff resource: DHSC, NIHR Coordinating Centre (NIHR CC) and Committee members designing and administering the scheme
  - Applicants including researchers, health and care practitioners, applied health methodological experts, lead higher education institutions and experienced partner higher education institutions
  - Patients, service users, carers, local communities: public involvement and community engagement integrated across the research cycle
  - Integrated Care Board (ICB), Integrated Care System (ICS), public health, local authorities, social care, local mental health service provision
- Infrastructure and support
  - NIHR funding to cover medium term costs of building applied Mental Health Research Groups
  - NIHR infrastructure (for example, Research Support Service (RSS), Centre for Engagement and Dissemination (CED), Clinical Research Networks (CRN), systems, Health Determinants Research Collaborations (HDRC)) to support the programme
  - NIHR policy (for example, Research Inclusion, UK Standards for Public Involvement and so forth) to guide applicants.

## Activities

The inputs then feed into the second component of the logic model which consists of activities conducted by NIHR and the holders of the different types of award.

- Mental Health Research Development Award
  - Lead higher education institution's build networks and relationships
  - Develop plans for Mental Health Research Groups funding applications
- Mental Health Research Leaders Award
  - Leader establishes themselves in target area and identifies resource and need
  - Leader builds mental health research team in target area
- Mental Health Research Groups
  - Capacity and network-building
    - Regular contact with mental health stakeholders and local mental health service commissioners/providers

- Technical learning and development and leadership experience for mental health researchers in target area
- Establishing and developing relevant mental health collaborations
- Patient, public, service user and carer involvement in mental health research and training
- Co-produced research delivery in target area with service providers and public
- Knowledge translation and dissemination

## Outputs

The tangible, measurable products, good and services which are expected to result from the inputs and activities from the different awards are:

- Mental Health Research Development Award
  - Mental Health Research Group created and successfully applies for Mental Health Research Group or other funding
- Mental Health Research Leaders Award
  - Leader embedded in the target area
  - Leader developed credible Mental Health Research Group application and successfully applies for Mental Health Research Groups or other funding
  - A portfolio of mental health research
- Mental Health Research Groups
  - Capacity and networks in target areas
    - Skilled pool of applied mental health researchers recruited and retained in the target areas
    - Patients, service users, carers and local community are engaging with mental health researchers and networks
    - Mental health service providers and organisations that affect the wider determinants of mental health are involved in mental health research
  - Knowledge creation, translation and dissemination
    - Research outputs, for example, publications
    - Research dissemination, for example, conferences or non-academic publicity
    - Intellectual property (IP) products created for a range of audiences
    - Policy and commissioners' briefings and evidence syntheses created and disseminated.

## Outcomes

As a result of all of the inputs, activities and outputs, we might expect the following outcomes in the short to medium term of nought to ten years:

- Capacity, capability and networks in target areas

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- Mental health research capacity and capability is increased in the target area and higher education institution
- Mental health research in the target area has grown on a sustainable trajectory
- Leaders and Mental Health Research Groups generate a portfolio of mental health awards to sustain them beyond this award
- Knowledge and experience of Research and Development (R&D) processes and research governance is increased in the target area and higher education institution
- Patients, service users, carers and the public are participating and involved in mental health research
- Local mental health service providers and organisations that affect the wider determinants of mental health are able to shape research topics
- Knowledge creation
  - Research agenda and evidence base is increasingly applicable to local and regional services and communities and focused on the needs of local NHS, social care, public health, patients, service users, carers and communities
- Translation and adoption
  - Mental health professionals/commissioners are able to access and engage with research evidence in their practice
  - Relevant research knowledge is adopted into local mental health service provision and prevention initiatives
  - Local mental health service providers (NHS, social care, and so on) benefit from research output.

Long term outcomes are those which might be seen from ten years onwards. They are changes which the programme hopes to contribute towards but it must be acknowledged that they are outside the programme's direct sphere of influence and will be influenced by multiple other factors.

- Health and care
  - On-going mental health research by local higher education institutions focuses on addressing specific local need in partnership with the public
  - Policy, guidance and/or standard operating procedures (SOPs) for local mental health services are updated from local relevant research knowledge
  - Improved delivery, access and efficiency of local mental health care and services
  - Facilitation of improved patient mental health outcomes in target areas
  - Increased equity/reduced disparity of evidence based mental health service provision across England
- Local and regional economic benefits
  - Evidence from NIHR-supported research drives value for money or efficiency gains within local mental health and care system
  - Net health and economic benefits for patients, service users, carers and the public and society
  - Institutional research status and culture is strengthened
- Knowledge benefits

- Practitioner and public engagement (two-way) is embedded in the research process.

## **Assumptions and Context**

The delivery of the Mental Health Research Group funding programme and subsequent contribution towards its outcomes relies on some assumptions.

Firstly, the context in which the Mental Health Research Group programme is being implemented is one in which mental health research capacity in the UK varies - it is the areas with high mental health disease burden and low research capacity that are being targeted by this programme.

It is assumed that:

1. Experienced mental health researchers will want to work towards the establishment of successful Mental Health Research Groups in other areas of the UK, and there will be some willing to relocate to target areas.
2. Patients, service users, carers and the public want to participate in and be involved in research.
3. There are existing mental health research teams who can develop credible Mental Health Research Group proposals.
4. The Mental Health Research Development Award / Mental Health Research Leaders Awards are suitable routes to support development of credible Mental Health Research Groups.
5. There are higher education institutions with limited or no existing mental health capacity who are keen to establish/develop this capacity.
6. Mental Health Research Leaders Award applicant higher education institutions are able to attract leaders to target areas.
7. A balanced portfolio of established and less established higher education institutions across the target areas can be created.
8. Long-term outcomes are those the programme aims to contribute towards. It is acknowledged that they are outside the programme's direct sphere of influence and will be influenced by multiple other factors.

## **Competing interests**

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