

Editorial

Primary care mental health research and development

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In the first issue of this journal, the new Primary Care Programme of the National Institute for Mental Health in England (NIMHE) was outlined.¹ The Primary Care Programme Board (PCPB) are overseeing seven key programmes of work, each of which is being led by one of the eight NIMHE Regional Development Centres (RDCs). The seven key areas are:

- 1 core skills training and education for primary care professionals
- 2 leadership in primary care mental health
- 3 support for the new Graduate Primary Care Mental Health Workers
- 4 improving the primary care user and carer experience and their involvement in service design and delivery
- 5 commissioning and partnership building
- 6 integrated care between primary, specialist and social care for those with severe and enduring mental illness
- 7 research and development (R&D) in primary care mental health.

The overall aims of the Primary Care Programme are to help primary care practitioners provide a consistently good service which is to users' satisfaction and to facilitate and encourage innovation by primary care practices.

Some initial funding is available from NIMHE PCPB to initiate, at different stages over the three years of the programme, all seven programme areas. The eight NIMHE RDCs were eligible to bid to lead on any of the programmes with relevant partners. After the judging process, the PCPB and the relevant NIMHE RDCs then

presented their plans to the first meeting of the Reference Group to the NIMHE Primary Care Programme. Around 70 individual stakeholders and those representing user groups, professional colleges and primary care organisations attended this meeting, where steering groups to all eight programmes were established. Therefore, the majority of programmes have been approved for funding, including the R&D programme.

This editorial will consider: the initial plans for the R&D programme, based on the bid, the recommendations of the PCPB and the first steering group meeting at the Reference Group. The R&D programme is being led by Debbie Nixon, the Primary Care Programme Co-ordinator of NIMHE North-West Development Centre, and Dr Linda Gask, Reader in Community Psychiatry and leader of the Primary Mental Health Research Group, at the Institute of Health Sciences, University of Manchester. Professor André Tylee presented the programme to the steering group and led its discussion in September 2003.

Delivering high-quality primary care mental health research which is policy relevant

Delivering high-quality, multi-centre primary care mental health research requires the development of a network of primary care mental health research sites, linked to the NIMHE Mental Health Research Network (MHRN). A network of this type can also bring

together existing primary care research networks with mental health interests, such as the Medical Research Council Primary Care Research Network, and researchers in primary care with mental health interests who already meet in less formal networks. One such network of academics interested in primary care mental health research has been running for several years and rotating around university departments.

The NIMHE MHRN is led jointly by the Institute of Psychiatry, King's College London and the Department of Psychiatry, University of Manchester. It operates with five 'hubs' around the country working together, based in London, Manchester, Birmingham, Cambridge and East Anglia, and Bristol. As the MHRN covers the whole of mental health research the Primary Care R&D Programme will seek to establish a network for primary care mental health research that can work with the MHRN.

To improve the service user and carer experience, much of the research needed will be qualitative in order to answer some of the important 'why' questions (e.g. why do so few young people use primary care services for mental health problems?). Qualitative methods are needed to explore these issues in primary care mental health research, and we expect some of this research to be user-led.

In practical terms, initial action will be needed to engage the already existing networks of academics (many of whom are also front-line clinical professionals), service users and primary care leads from all hubs of the NIMHE MHRN.

Developing R&D capacity in primary care mental health

A 'clearing house' could facilitate training and supervision in R&D. Users and primary care professionals wanting such support could be put in touch with relevant agencies or individuals; links with primary care research groups and user-led research organisations will be crucial. Whilst there are some established user-led research organisations, many more users with primary care lived experience could be encouraged and enabled to be involved in every stage of the research process. Primary care professionals of all disciplines could also be encouraged to be involved in research and are essential in helping to develop and prioritise relevant research questions. Although it will mostly be primary care professionals with protected academic time who will be involved in every stage of the research process, those who wish to develop such a role could be helped to find suitable mentoring and

training. Personal development in research skills needs to be properly valued within the NHS.

The R&D Programme needs to increase the profile of primary care mental health research through reporting its activities through the NIMHE website. The steering group also felt that help in de-mystifying 'research' for the non-researcher in order to encourage participation would be welcome. Primary care research networks are very experienced in this and other ways of engaging front-line staff who have little research experience.

Informing the commissioning of R&D in primary care mental health

The value of a network of key researchers and stakeholders, including users, will be to be able to determine key directions by consensus to inform those who commission R&D.

Implementation of research

The network will need key links with people who can systematically analyse the available research findings and summarise the implications for everyday practice in ways that provide practical support for front-line practitioners and users and carers.

It is very early days yet for this programme, which it is hoped will be able to attract further funding within NIMHE and from partner funding sources as it progresses over the three-year NIMHE Primary Care Programme and hopefully beyond.

FURTHER INFORMATION

Further enquiries should be addressed to Mary Sheppard, Project Manager of the NIMHE Primary Care Programme (mary.sheppard@nimhe.wmids.nhs.uk) or directly to Debbie Nixon (debbie.nixon@nimhenorthwest.org.uk) or to Linda Gask (linda.gask@man.ac.uk).

REFERENCES

- 1 Tylee A (2003) The Primary Care Programme of the National Institute for Mental Health in England (NIMHE). *Primary Care Mental Health* 1 (1): 1-3.