



Developing the Mental Health Research Landscape in Scotland

Mental Health Directorate Working Paper

Scottish Government

October 2019

Purpose

The [2019-2020 Programme for Government](#) commits to “establishing a Scottish Mental Health Policy and Research Forum to promote excellence in and improve the quality and quantity of mental health clinical research in Scotland”.ⁱ This paper describes our ambitions for the mental health research landscape in Scotland, the initial engagement that has been undertaken and proposed next steps¹. It acknowledges the importance of the contributions of all forms of research and evidence (including but not limited to clinical research) to support the design and delivery of mental health policy and services in Scotland, and to measure impact.

The ambition for the mental health research landscape in Scotland is for strong connections between research and policy that will result in a higher profile for mental health research, greater research impact, and better policy making, which will help to achieve the strategic aim of parity of esteem between physical and mental health.

Drawing on initial engagement with academics working in the field², this paper sets out the initial challenges and opportunities for mental health research in Scotland. It forms the basis for the start of wider engagement with academics, NHS, public sector and third sector partners on developing mental health research in Scotland.

Background

The impact of poor mental health in Scotland is high: one in four adults experience mental health problems within their lifetime,ⁱⁱ mental health problems are the second largest contributor to Scotland’s total disease burden,ⁱⁱⁱ and they are a significant risk factor for poorer social and physical health outcomes including premature death.^{iv}

Mental health research in Scotland has potential to provide solutions that can reduce this burden of disease. However, the level of research in this field is less than would be expected for the high disease burden,^{v,vi} with mental health research receiving only around 5.5% of UK medical research funding in recent years.^{vii,viii} The Scottish Government’s [Mental Health Strategy 2017-2027](#) establishes achieving parity of esteem between physical and mental illness as a key priority area over the next 10 years.^{ix} Supporting mental health research in Scotland towards achieving this aim is therefore of crucial importance.

¹ This paper is based on a preparatory scoping exercise by Dr Rachel Thomson, Specialty Registrar in Public Health, while on secondment to the Scottish Government.

² This overview is based on feedback from the CSO, the Director of the NRSMHN, the Chair of the Scottish Public Mental Health Group,² and senior academics active in mental health research. In total 27 academic stakeholders from across Scotland contributed, covering a range of topic areas within mental health research.

The context for mental health research in Scotland

The Scottish Government's Directorate of Mental Health is keen to better align national mental health strategy and policy with research. This is to improve both the impact of research and the evidence base for policy.

Work was undertaken by the Mental Health Directorate in 2015^x ([available here](#)) to develop research priorities to support five key policy objectives articulated through the previous Mental Health (2012-2015) and Suicide Prevention (2013-2016) strategies.

Since then, the strategic aims of mental health policy and associated research and evidence requirements have continued to develop as set out in the [Mental Health Strategy 2017-2027](#) and [2018 Suicide Prevention Action Plan](#).

The Mental Health Strategy contains 40 actions in relation to:

1. Prevention and early intervention;
2. Access to treatment and joined-up accessible services;
3. The physical wellbeing of people with mental health problems;
4. Rights, information use, and planning; and
5. Data and measurement.

The 2018 progress report on the Mental Health Strategy organises these actions into the following themes:

1. Children and Young People's Mental Health and Wellbeing;
2. Adult Mental Health and Whole System Change;
3. Public Mental Health and Suicide Prevention; and
4. Rights and Mental Health.

These actions and themes form the basis for the development of research priorities and questions. Understanding progress in these areas relates to three broad areas of research: epidemiological; process and implementation; and impact and efficacy. The determinants and effects of mental health cross a wide variety of other policy areas such as early years, employment, social security, substance misuse, housing, public health and acute physical illness. Research support should recognise this and the interdependence of mental and physical health.

At present, the Scottish Government actively supports mental health research in a number of ways, including commissioning research and evaluation projects, the provision of funding opportunities for individual projects, and through the Chief Scientist Office (CSO) investing in research infrastructure in the Scottish NHS and Universities that can facilitate mental health research.

CSO support includes supporting mental health research studies and collaborative activities through the Mental Health Research Network run by NHS Research Scotland (NRS, a partnership between the CSO and NHS boards). This support, in

addition to the funding provided by other UK research funders, helps Scotland to maintain an internationally leading academic base for mental health research.

The NHS and other public sector organisations also contribute to the evidence base for policy making. For example, at national level, NHS Health Scotland carry out research on mental health and the Information Services Division of the NHS National Services Scotland is a major data provider. We recognise that the third sector and private sector also undertake important research on mental health.

The Scottish Government's Directorate of Mental Health is keen to build on these existing successes to identify ways in which the Scottish Government could additionally support mental health research in Scotland, better aligning mental health policy priorities and research. This will help ensure mental health policy is evidence-informed and mental health research conducted in Scotland achieves impact.

As a first step towards these goals, we have begun to engage with NRS and academics working in Scotland. This paper is intended to initiate conversations between policy makers and academic and non-academic researchers, about the mental health research landscape and priorities in Scotland, and the next steps that can better facilitate the development of mental health research in Scotland.

Strengths and challenges

Scotland has a strong history of world-leading research in mental health across a range of areas including schizophrenia, bipolar disorder, autism, depression, addictions and psychosis. Scotland's size is an important strength here, with a population large enough to do useful research but small enough to allow useful collaboration between research groups.

Our other strengths include excellence of the academic and clinical academic research base, the ability for researchers to easily access routinely collected data, and the research project and fellowship funding opportunities provided by CSO and other UK health research funders. Our initial engagement with a sample of academics indicated that the CSO was their most common source of funding, followed by other large funding bodies (including the Medical Research Council, NIHR, The Wellcome Trust, and the Economic and Social Research Council) and relevant charities including MQ (the Mental Health Research Charity); few were reliant on only one source of funding. However, as our sample was facilitated through the NRS, it may not reflect the full experience of the funding of mental health research in Scotland.

Our engagement also indicated some perceived challenges to undertaking mental health research in Scotland.

These are summarised as:

- Sub-optimal engagement between researchers, policy makers and practitioners to identify mental health research needs, support collaborative working, and facilitate the take up of research findings into policy and practice;

- There could be a wider range of funding opportunities for mental health research projects and fellowship schemes, including for other professional groups beyond medical clinicians;
- Perception that both public mental health and clinical mental health research is not as valued as other areas of health research; and
- A lack of 3rd sector funding for research compared to other clinical areas (e.g. cancer, cardiovascular disease).

Opportunities and next steps

This initial engagement has prompted many suggestions for additional ways in which the Scottish Government could support mental health research in Scotland, facilitate better connections with policy making and support mental health research to achieve parity with research on physical health.

These suggestions will be further discussed by the Directorate of Mental Health, Scottish Government Health and Social Care Analysis Division (HSCA), the CSO and the organisations forming Public Health Scotland³ to determine their feasibility and policy relevance in the coming months.

- The Mental Health policy directorate, HSCA, CSO and the NRSMHN will consider how it can promote greater engagement between researchers, policy makers and practitioners to identify mental health research needs, support collaborative working, and facilitate the take up of research findings into policy and practice.
- This will include options for mapping an overview of current mental health research topic areas in Scotland and researchers associated with these, identifying a research community to consult and engage with in future.
- Programme for Government 2019 commits to creating a Scottish Mental Health Policy and Research Forum which will provide a locus for this engagement.

Summary

There is an excellent academic and clinical academic research base for mental health research in Scotland with access to a range of research funding opportunities. There is also a broader research community contributing to our understanding of service requirements, policy development and evaluation, and service design and delivery. There are opportunities to build on this position to increase engagement and collaborative working to drive mental health research forward in Scotland – and to help support the Scottish Government’s aim of parity of esteem for mental and physical health.

³ As of April 2020, currently NHS Health Scotland, Information Services Division (ISD), and Health Protection Scotland.

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- ⁱ Scottish Government. Protecting Scotland's Future: the Government's Programme for Scotland 2019-2020. Edinburgh: 2019.
- ⁱⁱ Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. *Lancet Psychiatry*. 2016;3(2):171-8.
- ⁱⁱⁱ Scottish Public Health Observatory (ScotPHO). The Scottish Burden of Disease Study, 2016: Overview report. Edinburgh: 2018.
- ^{iv} Thornicroft G. Premature death among people with mental illness. *BMJ (Clinical research ed)*. 2013;346:f2969.
- ^v UK Clinical Research Collaboration 2015. UK health research analysis 2014. London: Medical Research Council, 2015.
- ^{vi} Woelbert E, Kirtley A, Balmer N, Dix S. How much is spent on mental health research: developing a system for categorising grant funding in the UK. *Lancet Psychiatry* 2019; 6: 445–52
- ^{vii} MQ. UK Mental Health Research Funding: MQ Landscape Analysis 2008-2014. London: 2015.
- ^{viii} MQ. UK Mental Health Research Funding 2014-2017. London: 2018
- ^{ix} Scottish Government. Mental Health Strategy: 2017-2027. Edinburgh: 2017.
- ^x Scottish Government. What Research Matters for Mental Health Policy in Scotland - December 2015. Edinburgh: 2015