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Three NIHR Research Schools Mental Health Programme Showcase

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Abstract Booklet

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Plenary Session presentations

Let's dance: Improving physical activity for autistic adults through dance
Kelly Birtwell

Introduction: Physical activity is beneficial for physical and mental health. However, autistic adults participate in physical activity less frequently than non-autistic adults. Recreational dance has similar benefits, can be done independently with few resources, and in several settings: at home; in social settings; in dance classes. However, little is known about autistic adults' experiences of dance or what helps to make dance accessible and enjoyable for them. Our aim is to explore experiences of dance (benefits, barriers, facilitators) in autistic adults.

Methods: 122 autistic adults aged 20-75 participated in a co-designed online survey. Data were analysed thematically and with descriptive statistics.

Findings: Four themes were generated: 1) "I'm in the mood for dancing… maybe"; 2) "Autistic-specific experiences"; 3) "Feeling safe to be me" 4) "Scaffolding and support, knowing me, knowing you". Findings highlight benefits, barriers and facilitators relating to sensory experiences, communication, stimming and joy. Resources including short films about the findings have been co-created with autistic adults.

Discussion/conclusion: Findings and resources will increase awareness about different types of dance that autistic people could try, and support autistic self-advocacy by highlighting adjustments that autistic people could request to support them to engage in dance. Findings will increase link worker and dance provider awareness of autistic adults' needs, supporting greater access to and engagement with dance and improved experiences of social prescribing and dance in social settings. This could improve physical and mental health in autistic people, reduce social isolation, and help create a sense of joy and meaning in life.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

This project involves the following: an autistic PPI co-applicant; a PPI group of five autistic people; and a stakeholder group of twelve professionals (five link workers, four dance providers (some of whom are autistic), one dance movement therapist, and two GPs). Introductory meetings were held with the PPI group and the professionals stakeholder group to orient individuals to the project and to discuss and agree ways of working. The PPI co-applicant has attended research team meetings as well as PPI and stakeholder group meetings, advising on multiple facets of the project. We created flexible, inclusive ways of working where self-advocacy of individual needs is encouraged and supported, which has had a positive impact on PPI group members for considering their own future self-advocacy.

The PPI contributors and stakeholders have provided feedback and suggestions on study recruitment materials and data collection materials. The online survey was co-designed by autistic people and pilot tested by 15 autistic adults before being refined and launched. PPI contributors helped to disseminate the study flyer to their networks to support recruitment. The following feedback was posted on social media by an autistic person who participated in the survey: "FINALLY a survey where my answers don't skew the data! All surveys need to be made by autistic people. I didn't get mad at any point because I could explain my answers and context. And the questions had context! CONTEXT FOR ALL." An autistic filmmaker is producing short films based on the project findings. At the time of submission these feature five autistic people as dancers or interviewees, with involvement of at least five more autistic adults planned by the end of 2025.

Help-seeking for mental ill-health in farming communities to prevent self-harm and suicide: a multi-method study
Tamsin Fisher

Clarity of aims: We are working with farming communities and support organisations to explore how farmers could be better supported to seek help for mental health difficulties.

Importance and originality: People who live and work within farming communities experience prolonged hours of isolation and stress which may lead to mental health difficulties, with increased risk of self-harm and suicide. There is a stigma around help-seeking for mental health problems.

Methodological rigour: Ethics approval [Keele University Research Ethics Committee (reference 1026)]. Multi-method qualitative study including semi-structured interviews with people from farming communities with lived experience of mental ill-health, health and social care professionals and veterinary staff working with farmers. Non-participant observations of agricultural spaces including livestock markets and agricultural shows to explore gaps in current provision and examples of good practice. A lived experience and expert advisory group have informed all stages of the research.

Conclusion/discussion: Data collection and analysis is on-going. People in farming communities may not seek mental health support from statutory services, including primary care, but are supported by veterinarians, chaplaincy teams, community organisations and social networks. Markets are crucial spaces for socialisation and help-seeking. Health professionals attend some markets to raise awareness of support available. Early findings suggest that women in farming feel more able to ask for help for themselves and loved ones. We will use our findings to co-design a framework to enhance support for people in farming communities with mental health problems at risk of self-harm and suicide, ensuring it reflects their needs, preferences, and help-seeking opportunities.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Co-authors SH, GA, NP and JW are public co-applicants with lived experiences of living and/or working in the farming community. We have an engaged Lived Experience Advisory Group consisting of individuals who are living and/or working in the farming community with an interest and/or lived experience of mental health. The Expert Advisory Group is comprised of third sector representatives, health and social care professionals, and academics who are all working to support farmers wellbeing and mental health. SH, GA, NP and JW have been involved in all aspects of the study from the initial application development stage. They are invited to all team meetings to advise on recruitment, engagement with the farming community and have facilitated research team attendance at farming events. Both advisory groups have been working with us to guide the research design, recruitment, data collection and will be involved in dissemination. We have included an additional budget to host "Pie and Pint" events. We have so far hosted two events (1 X Paint and Pastries (6 attendees exc. research team), and 1 X Pie and Pint (5 attendees exc. research team)) in which farmers are invited to share their experiences and challenges of living and working in the farming industry, identify help available to farmers and share the challenges of seeking help for mental health problems. We plan to host another couple of events before the end of the study. All of our public partners have been vital to the progress of the study and enabling the research team to access and engage with a community who is often deemed "hard to reach".

Co-designing the Sisters' Walking Group for reducing loneliness experienced by Muslim mothers: key findings and methodological reflections on the value of coproduction with "seldom-heard" populations

Nabiha Waheed, Hafsah Awan, Nicola Merrett, Ruth Naughton-Doe

Aims: Loneliness is a key social determinant of postpartum mental illness. Muslim mothers are under-served by existing postpartum mental health services and may prefer non-clinical support. Our previous research indicated that postnatal walking groups are a promising intervention for Muslim mothers to reduce loneliness and improve mental health. However, we have not fully explored how these walking groups could be delivered or by whom, or how to measure their outcomes for parents and infants. This study addresses this research gap by codesigning a walking group intervention and the tools to evaluate it.

Importance and originality: To our knowledge, no study has designed a nature-based or loneliness intervention (or the tools to evaluate outcomes) specifically for Muslim mothers and infants.

Methodological rigour: Our study runs from April 2025 to March 2026. It utilises Community Research Link Workers (CRLWs) to support design, recruitment, focus group facilitation, and analysis. The fieldwork will involve four focus groups with Muslim mothers (n=32 in each) and two focus groups with professionals (n=8 in each) who support parents during the perinatal period. Additionally, we will organise walking events in London and Bristol to gather feedback on the participants' experiences. Data will be analysed and outputs decided with CRLWs and advisory groups. We will use the Person-Based Approach for intervention design.

Conclusion/discussion: Fieldwork will conclude in November 2025. We will present findings about walking groups and measuring outcomes for parents and infants, and share methodological reflections.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

The project idea came through patient and public involvement during the Coproducing Solutions to Perinatal Loneliness Project. A Muslim mother who experienced loneliness is a Co-Applicant on the grant. Four Community Research Link Workers supported the research process. We have an advisory group for people with lived experience and professionals who support Muslim parents. Our outputs will be codesigned. We have involved two perinatal mental health services in the voluntary sector services in our research: Refugee Women of Bristol and Light Peer Support.

Faith, Mental Health, and Inequality: Black Women's Experiences of Breast Cancer in Faith Communities
Omolade Allen, Rebecca Nash-Thomas, Maria Panagioti

Clarity of Aims: This study explored how faith, mental health, and structural contexts shape the lived experiences of Black women affected by breast cancer in the UK. While existing literature frequently frames Black women as presenting late for diagnosis, this research aimed to challenge such deficit narratives and examine the role of faith spaces as potential assets in supporting mental health and survivorship.

Importance and Originality: Breast cancer remains a cause of early mortality among Black women in the UK, yet the intersection of faith, psychological wellbeing, and post-treatment inequality has received limited attention. By centring voices from both survivors and faith leaders, this study contributes original insights into how churches and mosques operate as under-recognised health support structures. It also highlights opportunities to embed culturally sensitive, community-based mental health and survivorship interventions.

Methodological Rigour: Guided by Critical Social Theory, a total of 17 people, comprising faith leaders (Christian and Muslim) and breast cancer survivors, participated in a mixture of individual interviews and focus group discussion sessions. Data were analysed using latent-inductive thematic analysis technique, enabling the identification of underlying meanings across six emergent themes. Reflexivity, triangulation across participant groups, and iterative coding ensured analytical depth and trustworthiness.

Conclusion/Discussion: Participants demonstrated proactive health-seeking behaviours, with most survivors self-detecting lumps and presenting early to the NHS. Faith spaces emerged as vital sources of emotional, spiritual, and practical support but faced constraints due to limited cancer and mental health literacy among leaders. Addressing these gaps through faith-leader training, peer "buddy" initiatives, and structured partnerships between hospitals and communities could strengthen culturally appropriate survivorship pathways. Broader systemic change is needed to tackle post-treatment inequalities resulting from immigration status limitations and enhance mental health support for Black women navigating life after breast cancer.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Members of our public contributor panel facilitated study participant recruitment and involvement with data collection and initial engagement with data analysis insight

Creating generative spaces in research co-production using feminist principles of equity, care and reciprocity: reflections from a women's lived experience advisory group
Tammi Walker, Carolyn Chew Graham, Paula Harriott, Hannah King, Fleur Riley and members of the Lived Experience Advisory Group

Aims: Creating the conditions for a generative space within patient and public involvement (PPI) groups requires more than tokenistic inclusion; it demands attention to trust, safety, and the relational dynamics that underpin meaningful collaboration. This presentation explores how feminist values - care, reciprocity, and equity - can inform the design of such spaces.

Importance and originality: PPI is increasingly common in health, criminal justice and social research. There is a need for detailed exploration and deep, co-produced understandings of the processes underlying meaningful lived experience engagement.

Methodological rigour: This presentation draws on reflections from a lived experience advisory group for a project researching the experiences of imprisoned women with serious mental illness. Participatory and feminist research traditions that value reflexivity, positionality and knowledge equity inform a co-constructed understanding of how the group has developed into a supportive community that nurtures confidence, resilience, and creativity.

Conclusion/discussion: Generativity emerges where all group members feel safe to voice uncertainty, difference, and critique without fear of dismissal or harm. Building trust is iterative, developed through transparent communication, acknowledging lived experience and celebrating common humanity. Crucially, researchers themselves must enter the space as embedded members rather than detached facilitators, explicitly resisting traditional hierarchical power asymmetries. By adopting an ethos of shared vulnerability and mutual learning, researchers and participants collectively dismantle barriers that can otherwise undermine genuine co-production. Embedding feminist practices such as mutual respect, attentiveness, and shared responsibility enriches the research through freedom of thought, analytic depth and united commitment.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Experts by experience are embedded in every level of this project, from inception to dissemination. The Three Schools project supports the development and participation of the Lived Experience Advisory Group (LEAG). LEAG members and the research team meet regularly and have engaged in deep reflection and discussion about the mechanisms underlying the development of the group into a supportive and generative space. This presentation presents these reflections and knowledges co-constructed with the LEAG. Members will also contribute to developing the final presentation, and presenting the research.

Parallel Session Presentations

Supporting mothers with severe mental illness during pregnancy and after birth: a realist evaluation of the Action on Postpartum Psychosis peer support model (the RAPPORT study)
Annette Bauer, Hannah Hopson, Tracey Robinson

Clarity of aims: To provide a well-theorised understanding of how a peer support model, run by the third sector organisation Action on Postpartum Psychosis (APP), works, and what short- and long-term outcomes it achieves.

Importance and originality: Whilst peer support is offered to women at some Mother and Baby Units (MBU) in England, there is currently no standardised model of peer support, and very limited knowledge of how to best provide this support to whom in what context so that it contributes to positive outcomes.

Methodological rigour: Working closely with APP and three MBUs that deliver APP peer support, we are conducting a realist evaluation through a series of interviews and focus group discussions with women using peer support, peer supporters, and professionals involved in hosting, administering, and commissioning the APP model of peer support. The approach allows working in collaboration with diverse stakeholders, drawing from their expertise, using principles of consensus-building, triangulation, iteration, and reflexivity to increase the validity of findings.

Conclusion/ discussion: In postpartum psychosis, peer support operates in a high-stakes, survival-focused context. For the model to be effective and sustainable, it must create space for women to rebuild identity and meaning during their MBU stay, laying the groundwork for long-term recovery. Because the condition is uncommon and severe, enabling women to transform their experience into support for others is an important aspect of the model, turning recovery into continuity and sustaining a community of peers who embody hope and shared understanding.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Firstly, APP, a third sector organisation that employs women and other birthing people with lived experience, is a core research partner, collaborating with us across all stages of the study — from recruitment and data collection to interpretation and dissemination.

Secondly, the realist approach taken in this study relies on engagement with people with lived experience and practitioners, whose insights are essential for refining and testing programme theories.

Thirdly, our advisory groups bring together women and other birthing people with lived experience, peer supporters, clinicians, and service managers from MBUs and other specialist perinatal mental health services. The close partnership ensures that the evaluation is grounded in real-world practice and informed by those delivering and experiencing peer support.

Co-creating integrated solutions involving young people, parents and teachers to prevent the emergence and escalation of mental health problems in adolescents of minority ethnic background
Helena Tuomainen, Fiona Samuels

Clarity of Aims: This study addressed mental health inequities by co-creating an integrated intervention with and for young people aged 11-14 from Pakistani, Bangladeshi, Black Caribbean, and Somali communities, who face elevated mental health risks alongside barriers to professional support. Specific objectives were: 1) review literature on integrated (adolescent/parent/school-staff) mental health approaches; 2) map existing integrated support provision; 3) identify acceptable and feasible intervention components; and 4) co-create an intervention framework for future development.

Importance and Originality: This work addresses a critical gap in the UK evidence base regarding integrated, co-created mental health interventions for minoritised ethnic communities, responding to urgent needs expressed by young people, parents/carers, and schools for accessible solutions tailored to their daily lives.

Methodological Rigour: We conducted a rapid scoping review of existing integrated interventions in the UK; mapped relevant local programmes/interventions; partnered with five secondary schools (two in East London, three in Birmingham); and facilitated nine creative participatory workshops with diverse stakeholder groups. Participants included 28 young people, 22 parents/carers (primarily Bangladeshi, Somali, Pakistani, Black Caribbean backgrounds), and 11 school staff.

Conclusion/Discussion: Through systematic co-creation workshops, we identified an acceptable intervention comprising monthly, externally-facilitated school-based workshops for young people and parents/carers. Sessions feature shared meals, interactive mental health education, peer expert discussions, group activities, homework, and WhatsApp support, with volunteer-led interpretation enabling cross-ethnic participation. A complete research team was assembled, an advisory board recruited, and a grant application submitted for the next phase, establishing foundations for testing this community-informed integrated approach.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

We were identified four members for our PPI panel via the Somali-led Women's Inclusive Team and Sajda Butt – two young people and two parents from Tower Hamlets and Birmingham East. They were all extremely willing to participate and understood quickly the need for an integrated approach, also noting that this was currently lacking. During the meetings and workshops, they provided valuable approaches which were then used in the stakeholder workshops and they also helped us plan elements of the intervention and research design for the next phase. The same PPI members have expressed interest in being part of the next phase.

We held three creative participatory workshops separately with young people (YP), parents/carer (P/C) and school staff at Washwood Heath secondary school Birmingham and Morpeth Secondary School and Mulberry Academy Shoreditch in Tower Hamlets (total 9 workshops). YP and P/C were primarily of Bangladeshi, Somali, Pakistani, and Black Caribbean backgrounds, and total participant numbers were 28 YP, 22 P/C and 11 school staff, the latter mainstream, church, and grammar schools. Our stakeholder sharing and learning event in London engaged further community members.

'You just have to get on with it': Exploring mental health, suicide risk and 'good' help in Gypsy and Traveller communities in England
Laura Tucker, Violet Cannon and Aisha Valenzuela

Gypsy and Traveller people are among the most health disadvantaged in the UK, experiencing substantial mental health inequality and at high risk for almost all suicide predictors. However, they are poorly recognised in suicide prevention planning and experiences of discrimination and stigma also limit opportunities to seek support. Poor overall understanding of this complexity limits effective support and impacts poorly on community outcomes.

The research aimed to explore Gypsy and Traveller views around mental health and suicide, focusing on how communities understood this, what contributed to their experiences and what 'good' help might look like.

200 community members across two UK regions took part in one-to-one unstructured interviews, community outreach sessions or activity-focused consultations. Conversation was introduced around three key areas: nature and causes, what made help 'good', and solutions. Participants led the discussions supported by researchers to focus on their priorities. Data were collected through fieldnotes, analysed using reflexive thematic analysis and workshopped with community members to check relevance.

Findings showed a strong connection between mental health, suicide and social factors including housing, finances, employment and education. Community expectations prioritised self-resilience with some acceptance of family support. Underpinning this were core themes of shame and trust linked to expectations of external prejudices and fear of internal judgement. Mental health and suicide risk was difficult to separate from the wider social and historical context and how this impacted people's lives. Services can potentially support communities to address these risks, but this requires rebuilding trust and addressing historic and current injustices.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

This project is coproduced from the top down. The research team is a collaboration of three universities and two charities who support Gypsy, Roma and Traveller people. Violet, who is Romany Gypsy, co-leads the research team and Michaela, who is an English Traveller, is an independent co-investigator. Staff funded by the project are a mix of English Gypsy, Irish Traveller and non-Travellers working in both universities and the community, with appropriate research upskilling where needed. The project has also included community advisors from local Gypsy and Traveller communities in public involvement roles, who contributed to research design, in particular around data collection approaches and workshopping of data analysis to ensure academic interpretation of the data were undertaken in light of the cultural context within which it was collected and cultural norms were accounted for in understanding participant's narratives.

Stories in the System: Co-creating understanding and impact around parent carer mental health
Kath Wilkinson, Madeleine Stevens, Flora Hemming, Sharon Foxwell, Bel McDonald, Anna Walker, Tamsin Newlove-Delgado, Shelley Norman, Alice Garrood and Gretchen Bjornstad

Clarity of aims: This NIHR Three Schools-funded project investigated the experiences of parent carers' of children with special educational needs and disabilities (SEND) in seeking support for their children and themselves and aimed to understand the influence of wider service systems on parent carers' mental health.

Importance and originality: Parent carers of children with SEND face disproportionately high rates of poor mental health, often exacerbated by the complexity and fragmentation of the support systems they navigate. This research is distinctive in its systemic focus and co-production approach, involving parent carers as co-investigators. It highlights how fragmented services, administrative burdens, and sociodemographic inequalities contribute to stress and hinder support.

Methodological rigour: This study combined survey data with in-depth qualitative interviews to explore patterns of need and the lived realities of accessing help. Thematic analysis informed the development of a systems map illustrating the complex interplay of service-related and sociodemographic factors. Parent carers and professionals collaborated throughout, shaping research questions, co-analysing findings, and identifying implications for practice improvement.

Conclusion/Discussion: Findings show that service-related factors such as poor coordination, lack of continuity, and administrative overload significantly affect parent carer mental health. Economic insecurity and sociodemographic barriers further compound these effects. Trust, tailored support, and peer-led services are critical. These insights were used to identify opportunities for service improvement and the development of creative outputs to extend the research impact: an interactive systems map, an animated film, and training package for practitioners.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Three parent carers are co-investigators in this project and have been involved throughout, including in the development of the original funding application. In addition, 12 parent carers form a working group that meets regularly to inform and shape the research at every stage. The systems map to be shared in this presentation was co-developed by parent carers as well as professional representatives from health and social care services and third sector organisations who support families of children with special educational needs and disabilities.

Do public contributors feel valued in mental health research? Insights to strengthen and enhance meaningful practice in public and patient involvement and engagement.
Dan Steward, Sophie Picton, Philippa Shaw

Clarity of aims: This study explored the experiences, impact, and value of public contributors in UK mental health research. It identified challenges and examples of best practice to enhance existing guidance on public and patient involvement and engagement (PPIE).

Importance/originality: While PPIE is a fundamental funding requirement, it is often under-reported, poorly evaluated, and at risk of being tokenistic. Meaningful involvement requires valuing contributors' time, expertise, and lived experience. It is therefore vital that a high standard of PPIE is promoted, maintained and evolves in meaningful ways. This project uniquely involved upskilled and trained public contributors as peer interviewers, adding depth and authenticity to the research.

Methodological rigour: Members of an established PPIE group co-developed and undertook training in qualitative methods to act as peer interviewers. Assisted by researchers, they conducted interviews with public members who had contributed to mental health research. Using the CUBE framework as a flexible topic guide, participants reflected on their voice, influence, modes of contribution, and perceived impact. Reflexive thematic analysis was co-conducted with public contributors to enhance validity.

Conclusion/discussion: Public contributors valued opportunities for skill development, advocacy, and peer support. However, barriers and challenges remain, including balancing individual differences and power imbalances, a lack of recognition, misaligned payment mechanisms, a lack of demonstrated impact from involvement, and limited post-project communication and follow-up. The study offers practical, implementable recommendations to improve PPIE, ensuring it is inclusive, respectful, and impactful.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Our public contributors were consulted at multiple stages during the project. Together, we co-developed and produced a well-received in-person training session on qualitative research methods. The aim of this was to include them more actively in the research by embedding them as Peer Interviewers. This also allowed for richer and deeper enquiry with research participants. Additionally, public contributors were the subjects of this research, and all had previously participated in mental health research as lived experience experts. The core value of this research is to advocate and amplify the voices and improve the experiences of our public contributors.

Complex Emotional Needs in Prison Populations, what do we know, what can we do, how can we enhance services provisions and understanding (Exploration of Prison Responses In complex eMotional nEeDs -E-PRIMED Project)
Gary Lamph, Krysia Canvin, Sue Wheatcroft

Aim: To explore the available evidence and map current service provisions, alongside qualitative interviews with prison leavers/prison staff to provide insights into prison responses for people with complex emotional needs.

Importance and Originality: Personality Disorder is a contentious and stigmatised diagnosis, which is increasingly referred to as Complex Emotional Needs (CEN). 96% of the prison population are men with 70% estimated to have CEN. Support is offered but only to the most complex and high-risk individuals via the Offender Personality Disorder (OPD) Pathway. Despite calls for whole system approaches little progress have been made. This is the first study to explore this in depth.

Methodological rigour: 1. Scoping Study Literature Review and Service Mapping – Includes Published Protocol (Lamph et al, 2025). Blind screening and Inter-rater reliability recorded. Data extracted using a standard proforma alongside TIDieR (Template for Intervention Description and Replication) checklist items. Sources critically appraised using mixed methods critical appraisal tool (MMAT). Data summarised in a tabulated and narrative synthesis. Mapping performed across selection of prison services in the UK. 2. Qualitative Interviews – With Prison workers and Prison Leavers with CEN. Data transcribed verbatim, stored and managed using Nvivo©. Data analysed using a framework approach. Data from across work-packages synthesised to inform this presentation and planned future dissemination activity.

Conclusion/Discussion: We will share findings from Scoping Review, Mapping Exercise and Qualitative Data alongside our plans for dissemination and an overview of our additional funded 'pathway to impact'.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Three practitioners are involved, two lived experience researchers as part of our core team who co-chair and Lived Experience Advisory Panel. A national research lead from HMPPS is a co-applicant and chairs our research steering group committee, which is made up of 6 x criminal justice leaders and practitioners. Qualitative interviews have been conducted with prison leavers and prison staff.

Inclusive volunteering in the heritage sector: building skills and connections for people with mental health problems
Beth Casey, Martin Webber

Clarity of aims: This project aimed to: explore how and why inclusive volunteering works for people with mental health problems; co-develop a guide; explore outcomes for people receiving inclusive volunteering and the organisation providing it; and assess its costs and potential economic consequences.

Importance and originality: Volunteering is increasingly recognised as a means of supporting individual and community wellbeing. However, many people with mental health problems are excluded from formal volunteering opportunities due to a lack of confidence, skills or organisational capacity to meet their needs. Also, the evidence base for inclusive volunteering is slim, which inhibits its development in the voluntary sector and use by mental health services. The guide to inclusive volunteering developed in this study makes an original contribution to this field.

Methodological rigour: This study used a combination of semi-structured interviews, volunteer diaries, ethnographic observations and standardized outcome measures. Particular attention was paid to using inclusive methods to provide volunteers with options about how they could contribute to the study.

Conclusion/discussion: The study developed a Theory of Change for inclusive volunteering which was fully articulated in a guide. This included organisational requirements and the person-centred approach required to support people; processes involved for volunteers; outcomes for organisations and individuals; and enabling factors and barriers to inclusive volunteering. Due to having a small sample for pre-post outcome and cost evaluation, a larger study in six sites is currently underway which is evaluating the impact of the guide on the development of inclusive volunteering.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

The study was funded by NIHR Three Schools Mental Health Practice Evaluation Scheme and the director of the Ripon Museums where the study took place was a co-lead. Volunteers were involved in a stakeholder advisory group and were influential in helping to make the study as inclusive as possible. The volunteer co-ordinator became an important colleague in the study as it progressed and joined the study team to inform the data collection processes. Other experts were involved in the stakeholder advisory group which was influential in the development of the Theory of Change and the guide, which was the key output of the study.

Exploring the barriers and facilitators to discussing social media in primary care for young adults with mental health concerns: a qualitative study
Ruth Plackett

Clarity of aims: This study aimed to explore young adults' views on seeking help in primary care for social media use that may be negatively impacting their mental health. It focused on identifying barriers and facilitators to help-seeking and understanding how these are shaped by attitudes, social norms, and structural factors.

Importance and originality: Social media is a central part of young adults' lives and increasingly recognised as a factor influencing mental health. Yet, little is known about how young adults experience discussing social media use in primary care. This is the first UK study to qualitatively explore young adults' perspectives on this issue, offering novel insights into how primary care can better support young people in the context of their digital lives.

Methodological rigour: We conducted semi-structured interviews with 28 young adults aged 18–25 with self-reported mental health problems across England. Interviews were analysed thematically and organised using the Theory of Planned Behaviour. Rigour was supported through double coding, reflexive team discussions, and input from a youth advisory group.

Conclusion/discussion: Young adults face multiple barriers to discussing social media in primary care, including viewing it as a secondary concern, low expectations of support, perceived judgement, and limited consultation time. Facilitators included clinicians offering practical strategies, raising the topic non-judgementally, and receiving training to better understand young people's digital lives. Findings highlight the need for clearer guidance and training for clinicians to support open, reflective conversations about social media and mental health.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Young adults with lived experience of mental health problems and social media use were central to this study. Twenty-eight participants aged 18–25 were recruited from across England via NHS services and mental health charities. Their insights shaped the thematic analysis and informed the development of practical recommendations for primary care.

Two advisory groups supported the study. A youth advisory group, composed of young adults with lived experience, provided feedback on the interview topic guide, interpretation of findings, and framing of recommendations to ensure relevance and resonance with young people's experiences. Separately, a practitioner advisory group included general practitioners, parents of young people with mental health concerns, and academic researchers with expertise in digital health and youth mental health. This group contributed to the study design, interpretation of findings, and translation of results into practical guidance for primary care. Their involvement ensured the research was grounded in both lived experience and clinical and academic perspectives.

ATTUNE: The role and the contribution of the voluntary sector to the prevention of suicide among young people
Maria Michail

Background: Suicide is a leading cause of death among UK youth aged 10–24. Those from marginalised groups or rural/deprived areas face higher risk but are less likely to seek help from statutory services. However, they are more willing to engage with voluntary, community, and social enterprise (VCSE) support.

Aims: 1. Explore young people's experiences of accessing VCSE support in diverse regional contexts when experiencing self-harm or suicidal thoughts and behaviours (STB). 2. Establish how the VCSE interfaces with the statutory sector to serve young people by exploring how they engage with each other; barriers and facilitators to effective care. 3. Co-produce best practice recommendations for effective collaborative care between voluntary and statutory sectors on youth suicide prevention.

Importance and Originality: This study addresses a critical gap by focusing on underrepresented youth populations and the underexplored role of the VCSE sector in suicide prevention.

Methodological rigour: We conducted a comparative case study of VCSE provision in the West Midlands and South West Peninsula. Five VCSEs per region were purposefully sampled by size, geography, and service type. We qualitatively explored the experiences of: i) 20 young people with lived experience of self-harm or STB who sought VCSE support; ii) 20 service providers (10 VCSE, 10 statutory) to understand sector collaboration and identify barriers/facilitators to care.

Conclusions/Discussion: This study is ongoing and expected to generate new knowledge about young people's help-seeking behaviours and the "distinct" role of VCSE in their care pathway. Best practice recommendations will inform youth suicide prevention policy and practice.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Five young experts by experience from the Youth Advisory Group, University of Birmingham have had a key role in shaping the study and its activities through their involvement in the Project Steering Group, design of data collection materials (e.g. topic guides), interpretation of study findings and the co-delivery of dissemination activities.

Health practitioners and VCSE professionals have been meaningfully involved in shaping the project and its activities via their participation in the Project Steering Group) by:
• supporting the promotion of the project
• advising on optimal recruitment strategies of participants (e.g., practitioners/professionals from voluntary and statutory sectors)
• dissemination of project outputs to a wide range of stakeholders
• facilitating the implementation and uptake of best practice recommendations for effective collaborative care between voluntary and statutory sectors on youth suicide prevention.

HbA1c and Body Weight After Antipsychotic Start in People with Severe Mental Illness: A Retrospective Primary Care Cohort Study
Juan Carlos (JC) Bazo-Alvarez

Background & Aims: Antipsychotics are linked to metabolic harm, yet evidence on glycated haemoglobin (HbA1c) around treatment start is sparse and short-term. We quantified within-person changes in HbA1c and body weight after antipsychotic initiation in severe mental illness (SMI), and examined differences by drug, sex, and age.

Methods: Using England primary care data, we assembled a cohort of adults with SMI initiating oral antipsychotics with at least one HbA1c and one weight record. Patient-level interrupted time series models with random intercepts/slopes and linear splines estimated pre-treatment (-4 years to treatment initiation (0 days)), short-term (0–90 days), and long-term (>90 days to 4 years) trends. Analyses were stratified by antipsychotic, sex, and age (<60/≥60).

Results: We observed 38,070 people, 19,876 women (52.2%). At initiation, mean HbA1c was 38.8 mmol/mol and mean weight 79.2 kg. Short-term rates rose sharply: weight +0.23 kg/week vs +0.0056 pre-treatment (~41-fold), and HbA1c +0.078 mmol/mol/week vs +0.0028 (~28-fold); both remained positive thereafter (weight +0.013 kg/week; HbA1c +0.0056 mmol/mol/week). Olanzapine showed the steepest trajectories, with the largest total gains in women (≈7.0 kg; ≈2.6 mmol/mol) and in adults <60 years (≈6.9 kg; ≈3.34 mmol/mol). Quetiapine and risperidone produced smaller increases. During follow-up after antipsychotic initiation (4 years), 12.1% were diagnosed with type 2 diabetes.

Conclusions: Initiating an oral antipsychotic is followed by an immediate metabolic shift within 90 days, then slower but sustained accrual. The magnitude varies by drug and subgroup, with particular concern for olanzapine, women, and younger adults. Findings support early HbA1c monitoring and guide antipsychotic initiation choices.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

We involved people with lived experience throughout. Two lay advisors informed the application by prioritising questions, shaping hypotheses, and reviewing the plain-language summary. During the study, a lived experience advisory panel met four times to refine measures, interpret findings, and plan dissemination. We supported participation with training and reimbursement. We also co-produced public-facing materials (e.g., infographics) to share results with patients, carers, practitioners, and the wider public.

Is the current UK guidance for treatment of co-occurring substance use and mental health problems being implemented in practice?
Laura Goodwin, Steve Downie

Background and aims: Substance use and mental health problems commonly co-occur. Yet, people experiencing both problems commonly face barriers to getting the support they need. This research aimed to determine the extent to which the UK guidance for care for people with co-occurring problems is being implemented.

Methods: A secondary qualitative analysis was conducted of interview transcripts from people with co-occurring depression and hazardous/harmful alcohol (N = 39). In addition, a systematic review was conducted to identify studies published in the UK since 2017 which focus on treatment for adults with co-occurring substance use and mental health problems. For both data sources, a deductive coding framework was developed based on the UK guidance and a thematic analysis was applied.

Results: The qualitative analysis identified three key themes from the service user perspective, relating to "experiences of initial contact with services", "experiences of treatment and support" and "experiences of an integrated approach". The review identified three main themes: outlining the "challenges to care for co-occurring conditions", approaches for the "integration of care", such as communication and information sharing across services, and barriers (e.g., stigma) and facilitators (e.g., therapeutic optimism) to applying the guidance. Both studies showed that making initial contact with services was challenging. Stigma, both intrinsic and extrinsic, was identified as a barrier to accessing, engaging with, and delivering support.

Conclusions: Despite existence of current guidance in the UK, implementation is inconsistent. This work has identified the barriers this population face in accessing treatment, in addition to the need for better coordination and integration of care.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

This research was co-designed and developed with the project PPI group and a national stakeholder group, who informed the study design and helped us interpret the study findings.

A living systematic review approach to identify the most effective psychotherapies to treat child and adolescent emotional disorders
Wagner Silva-Ribeiro

Clarity of aims: This project will develop a living evidence synthesis (LES) platform to summarise evidence on the comparative effectiveness of psychotherapy and psychotherapy components to treat child and adolescent emotional disorders. The LES will also include evidence on other dimensions, such as economic viability, that are important for implementation.

Importance and originality: Traditional systematic reviews are inherently limited and quickly become obsolete, having limited impact in real-world policy and practice. This project adopts new paradigms in evidence-synthesis to expand the capabilities of traditional systematic reviews to produce a multidimensional evidence ecosystem that integrates evidence on different dimensions that should be considered in healthcare policy and practice.

Methodological rigour: Based on the meta-analytical research domain (MARD) framework, this study will develop a LES platform, following the guidance PRISMA's guidance and Cochrane's recommendations. MARD treats evidence synthesis as a continuous and multidimensional process organised around clusters of research questions, rather than a one-off and narrowly focused exercise. Several analytical approaches will be adopted, including network meta-analysis to compare interventions, meta-regression analyses to identify predictors of interventions' effectiveness, and health-economics analyses to ascertain their economic viability.

Conclusion/discussion: Using state-of-art methodologies, this study will build an online living evidence ecosystem that will integrate, in a single platform, different dimensions that are fundamental for policymaking and intervention implementation. Starting with psychotherapy for child and adolescent emotional disorders, this platform may later expand to include other conditions and interventions that are relevant to policy and practice in the context of the NIHR Research Schools.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Through meetings and workshops I am planning, public advisors, including experts by experience, will support the interpretation and dissemination of the review results. Specifically, public advisors will help: (i) coproduce a glossary of key terms using youth-friendly language to guide the development of lay summaries, newsletters and other dissemination materials; (ii) identify potential gaps, including outcomes, expect impacts and shortfalls of psychotherapies that are deemed relevant by young people but have not been captured by the literature search; (iii) establish research priorities which will guide further developments in the online evidence ecosystem platform. Through meetings and workshops I am planning, public advisors, including experts by experience, will support the interpretation and dissemination of the review results. Specifically, public advisors will help: (i) coproduce a glossary of key terms using youth-friendly language to guide the development of lay summaries, newsletters and other dissemination materials; (ii) identify potential gaps, including outcomes, expect impacts and shortfalls of psychotherapies that are deemed relevant by young people but have not been captured by the literature search; (iii) establish research priorities which will guide further developments in the online evidence ecosystem platform.

Poster Presentations

PEERS in Practice. A study exploring the experiences of Peer Support Workers employed in frontline mental health and homelessness services in the Voluntary & Community Sector
Sophie Wilson

Clarity of Aims: This study explored the experiences of people with lived experience of poor mental health, substance misuse, or homelessness as they entered paid employment as Peer Support Workers (PSWs) within front-line Voluntary and Community Sector (VCS) services. The aim was to generate practice-relevant insights to inform PSW implementation, advancing learning from the Birmingham Changing Futures Together (BCFT) programme.

Importance and Originality: The integration of lived experience into front-line services has gained prominence across multiple disadvantage fields, yet little is known about how PSWs experience these roles in VCS contexts. This study provides original insights into how readiness, identity, and wellbeing are shaped not only by personal experience but also by organisational culture and structural support, offering an evidence-informed framework for sustainable implementation.

Methodological Rigour: Using Action Research principles and a Grounded Theory approach, qualitative fieldwork was conducted across two VCS organisations with eight recently recruited PSWs. Data collection included semi-structured interviews, Walk the Frontline observations, and WhatsApp submissions. Co-production was embedded through a Lived Experience Reference Group, focus groups, and a Ripple Effects Mapping workshop, ensuring iterative reflection and validation of findings.

Conclusion/Discussion: Three themes emerged: readiness ("Am I ready for this?"), role experience ("I feel like a lone wolf sometimes"), and emotional landscape ("Some days are heavier than others"). Findings informed the development of the PEERS in Practice framework, a multi-dimensional model addressing Purpose, Establishment, Engagement, Real-world Practice, and Success across organisational, service, and individual levels. The study advances conceptual understanding of PSW as relational, emotionally present work and provides practical guidance for ethical, sustainable PSW implementation in VCS settings.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Co-production was embedded through a Lived Experience Reference Group, focus groups, and a Ripple Effects Mapping workshop, ensuring iterative reflection and validation of findings.

Perinatal Redesign for Accessing Mental Health Services (PRAMS): Co-designing accessible and equitable perinatal mental health care for underserved women.
Elena Sheldon; Naseeb Ezaydi

Clarity of aims: PRAMS aims to co-design an experience-based intervention to address unmet perinatal mental health (PMH) needs among underserved women. We explored barriers to accessing care, service gaps across pathways, and worked collaboratively to develop a bespoke, culturally sensitive and trauma-informed intervention.

Importance and originality: PMH problems affect 10-20% of women during pregnancy and the year after birth, costing the UK £1.8 billion annually. Women from underserved groups, including ethnic minorities, those in deprived areas, and facing multiple disadvantages, experience the greatest inequalities in access and outcomes. Despite national investment, many fall between primary and specialist PMH care, with guidelines offering little direction on addressing these gaps.

Methodological rigour: We used a mixed-methods design informed by the MRC framework and a modified version of the accelerated experience-based co-design (AEBCD) approach. Work Package 1 surveyed 130 professionals nationally and interviews 19 across varied contexts. Work Package 2 engaged 50 underserved women through focus groups and interviews, supported by bilingual community research link workers. Synthesised findings will inform Work Package 3 co-design workshops to develop an accessible, evidence-informed intervention tailored to the needs of underserved groups. Results will be available to present by February 2026.

Conclusion/discussion: By directly involving underserved women, practitioners, and community partners, PRAMS is the first study to deliver a co-designed intervention with potential to reduce inequalities in PMH care. Findings will inform local service delivery and contribute to national learning on user-led redesign of PMH services.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

Public involvement has been integral throughout PRAMS. Women with lived experience, practitioners, public health professionals and local charities such as LIGHT Peer Support have acted as partners in setting priorities, designing methods, and co-developing outputs.
A novel feature has been our recruitment model using bilingual Community Research Link Workers (CRLWs), embedded in local Start for Life and LIGHT Groups, to build trust, bridge cultural and language barriers, and support inclusive engagement. CRLWs contributed to participant recruitment, group facilitation, and co-analysis, ensuring the study remained grounded in community perspectives. Work Packages 1 and 2 involved consultation with professional and lived experience as research participants who will be invited to return as stakeholders in Work Package 3 to co-design our intervention. Our PPI Panel of women with lived experience, drawn from local underserved community groups, has reviewed study materials, advised on recruitment and topic guides, and shaped the priorities of Work Package 3 workshops. We have continually engaged with steering groups, including the South Yorkshire Local Maternity and Neonatal System (LMNS), Maternal and Perinatal Mental Health, Best Start for Life, and Start for Life Programme groups, to involve maternity providers, local authorities, clinical leads, and voluntary sector partners. This multi-level approach has promoted cultural relevance, accessibility, and sustainability, while strengthening capacity for research within underserved communities.

Beyond the stigma: New approaches to involving young men in mental health research
David Francis Hunt, George Mycock

Providing effective mental health support for young men is a pressing concern. This group experiences disproportionately high rates of suicide, mental health difficulties, and substance misuse, yet many do not seek formal help. Although recent campaigns have encouraged young men to speak openly about their mental health, increasing attention is being given to the need for systems and services to adapt, rather than expecting young men to change their behaviour.

Despite this recognition, young men remain underrepresented in mental health research and innovation. Barriers to engagement include stigma, masculine norms, and service models that rely heavily on emotional expression. To address these challenges, this project combines two participatory approaches: Photovoice, which uses participant-generated photographs to prompt discussion, and Appreciative Inquiry, a strengths-based method that focuses on positive experiences and future possibilities.

The project aims to explore how these creative approaches can support greater engagement of young men in mental health research and to assess their potential as interventions in their own right. The study is at its early stages, but findings will be presented, focusing on the feasibility of these methods and the insights gained into how young men can be more effectively engaged in conversations about mental health. The presentation will also consider the broader implications of using creative, strength-based participatory methods within mental health practice and research with this group.

'Suicide, self-harm and learning disability: Findings from a scoping study'
Sarah Marsden, Magdalena Mikulak, Faraz Ahmed, Chris Hatton, Alison Baird,
David Abbott, Katharine Petersen

Clarity of Aims: The aim of this scoping study was to identify and understand existing evidence, key concepts and knowledge gaps on the topic of self-harm and suicide in people with learning disabilities.

Importance and originality: People with learning disabilities are at higher risk of poor mental health, and can face barriers to accessing appropriate services. Due to poorly understood concepts and a lack of clearly defined terminology surrounding suicidality and self-harm in people with learning disabilities, estimates of prevalence vary widely, and evidence on effective support and interventions is lacking.

Methodological rigour: The Arksey and O'Malley (2005) scoping review methodology was followed. A combination of peer-reviewed and grey literature was searched, including relevant governmental and national health resources. Data was charted and thematically analysed. Key stakeholders were consulted at crucial points in the process to guide the review work and ensure its relevance to people with lived experience, their families and supporting health and social care professionals.

Conclusion/discussion: The majority of the literature is presented from the viewpoint of others, and the voice of people with learning disabilities is notably absent. There is little information about suicide as it is more likely to be recorded as accidental death. Literature focuses upon behavioural observations, causative factors and methods of prevention or treatment for self-harm, and the historically stigmatising language and negative treatments used are dehumanising and harmful. Articles published more recently have asked people with learning disabilities about why they self-harm, and they report the same reasons as described in the general population, so prevention and treatment needs to re-focus towards this.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

People with learning disabilities as experts by experience and their family members were consulted prior to, and at the beginning of the project to inform the research team what matters to people with learning disabilities on the topic. We have worked with the Stop People Dying too Young Group, and Inclusion North as community partners. A key stakeholder workshop was held halfway through the research activities to present preliminary findings to groups of people with learning disabilities, their family or carers, service providers, practitioners and policymakers, and researchers/academics. Breakout rooms were used for group discussion, and opinions were sought on whether the findings reflect the group's experiences, if anything was surprising, and also if anything was missing. This was used to inform the analysis and interpretation of the review findings. The same community partners have been engaged with throughout the project.

A member of the research team is a general practitioner and the Strategic clinical lead for mental health, learning disability and neurodivergence for North Cumbria ICB, and has provided guidance at all stages of the project.

Scoping review of the impacts of nature-based education on neurodivergent adolescent mental health and wellbeing
Helen Eke

Clarity of aims: The scoping review aim was to provide an overview of existing research related to nature-based education (NBE) and its impact on the mental health and wellbeing of neurodivergent young people (NYP) aged 10-19.

Importance and originality: At least 10% of young people are neurodivergent or have a neurodevelopmental disorder. They utilise health services more frequently and are at increased risk of additional mental health problems, school absenteeism and suspension. Research has shown that nature benefits mental health and NBE may be beneficial to neurodivergent young people, as it provides opportunities for improved social skills, positive relationships, increased concentration and motivation outside of the traditional classroom. Improved attendance and engagement with schooling, alongside improved support and social inclusion, will likely result in improved physical and mental health for NYP.

Methodological rigour: Searches of four electronic databases and supplementary grey literature were guided by the PRISMA-ScR checklist. Eligibility criteria included; NYP aged 10-19years, nature-based education, mental health impact, English language, and dated from 1990 onwards. In total 5767 records were screened, 97 at full text. Nine reports met the inclusion criteria. Data were extracted, charted descriptively, and synthesised narratively.

Conclusion/discussion: The evidence base for NBE and mental health impact for NYP is small, exploratory, and largely qualitative. Studies mostly reported on Forest School specifically, and whilst mental health impact was not robustly captured, all studies linked NBE to direct and indirect wellbeing benefits, including providing space and enhanced opportunities for social, cognitive, emotional, motivational and psychological resilience mechanisms.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

During the timeline of the research development grant under which this scoping review was carried out, we have formed three PPIE and stakeholder groups with members who have expertise in forest school, neurodivergence, and mental health of adolescents in both health and education. We used existing contacts and PPIE networks (for example the PenCRU Family Faculty at the University of Exeter) to invite members to join either a parent-carer or practitioner groups. Over the course of the project, we held three practitioner meetings, three parent-carer meetings, and ran two engagement activities with groups of neurodivergent young people who were in attendance at an alternative nature-based education provider. The discussions held at these meetings have directly influenced the study proposal (specifically the methods and data collection measures, and participant facing materials) that I developed as part of my application for a postdoctoral fellowship which builds on this scoping review work.

Enhancing SAFER-MH: A Co-Produced Approach to Continuity of Care in the Community
Natasha Tyler, Bianca Ungureanu

Background: Patients recently discharged from inpatient mental health services face significant risks, including a suicide rate up to 191 times higher than the general population. The SAFER-MH intervention was co-designed to improve safety during this transition but currently operates only within secondary care and lacks a community follow-up component. This study aimed to co-produce an additional element to enhance continuity of care post-discharge.

Methods: A three-phase sequential design was used. Phase 1 involved focus groups with patients, carers, and professionals from primary and community care to explore current practices. Phase 2 used a Nominal Group Technique (NGT) workshop to generate and prioritise feasible solutions. Phase 3 comprised a co-design workshop to refine and assess the feasibility of proposed interventions.

Results: Seventeen participants took part across three workshops: Phase 1 included four individuals from three abovementioned stakeholder groups; Workshops 2 and 3 added three inpatient professionals and two replacements for those who withdrew. Six themes emerged in Phase 1, including fragmented communication, inadequate discharge preparedness, and medication challenges. The NGT workshop generated 33 potential solutions, with 17 receiving votes. Top priorities were a one-stop hub and peer support. Phase 3 identified the most viable solutions as adopting a multidisciplinary team approach, improving medication follow-up, and peer support.

Discussion: Key gaps in post-discharge care include communication breakdowns, medication challenges, and limited patient involvement. Integrating multidisciplinary teamwork, medication follow-up, and peer support within SAFER-MH is feasible and could enhance continuity and safety during transitions from inpatient to community care.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

This is a co-design study, so intervention development was done collaboratively with patients, carers and practitioners. In addition to this, we have a PPI advisory group and PPI co-researcher that shaped the design of the study and were involved in collaborative coding of the qualitative results.

Identifying Barriers to British Muslims Participation in NHS Talking Therapies: An Interview Study
Nathan Hodson, Nabeeha Khokar

Clarity of aims: This study aimed to explore why British Muslims disengage from NHS Talking Therapies services.

Importance and originality: In 2024, 1.8 million people were referred to NHS Talking Therapies (NHSTT), but only 800,000 completed the course. Disengagement from therapy risks worsening mental health and increases the risk of relapse. British Muslims are disproportionately likely to drop out of NHSTT (37% completion vs 46% among British Christians). No previous qualitative research has explored barriers to engagement with NHSTT among British Muslims.

Methodological rigour: We recruited through Muslim community groups, including university Islamic Societies. Included participants were eighteen years or older, identified as Muslims, and had personal experience of mental health care as professionals, carers or clients. Twenty-one Participants were interviewed individually or in groups of three and all interviews included at least one British Muslim interviewer. Interviews were recorded, transcribed and imported into qualitative analysis software. Interviews were analysed using Braun and Clarke's six stages, including double coding.

Conclusion/discussion: Three main themes were identified: 1. Universal barriers: General concerns about therapy included past experience of unhelpful or unprofessional practice. 2. Cultural barriers: Participants discussed Asian cultural norms around family, privacy, and taboos. 3. Faith-based support: Participants emphasised that Islam taught the importance of seeking support and noted their faith was a source of strength during times of mental illness, but wished they could be open about that with therapists. Participants called for informational materials promoting engagement among British Muslims, and training to build therapists' confidence discussing Islam.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

1. NHS Talking Therapies leaders and therapists were involved in conceptual design of the project
2. Experts by Experience (mental health of British Muslims) at Birmingham and Solihull NHS Mental Health Trust were involved in developing the project
3. British Muslim mental health advocates (Sara Metz, Nabeeha Khokar) co-led the funding application, interview scheme development, interview delivery, data analysis, and manuscript preparation.
4. Patient/carer experience was sought throughout this study by its nature as British Muslims with experience of therapy were asked to describe their perceptions of therapy and the barriers to NHS Talking Therapy they experienced and those they perceived other British Muslims to experience.

Integrating Mental Health Support: Recommendations from Service Users
Katrina d'Apice

Clarity of Aims: This study aimed to identify actionable ways to strengthen integration between mental health, social care, and voluntary sector services in England. By exploring service users' perspectives, it sought to inform a whole-system approach to improving mental health support and reducing inequalities.

Importance and Originality: Although national policy has prioritised integrated mental health care, service users continue to face fragmented services and barriers to timely, appropriate support. This study is original in its use of Group Concept Mapping (GCM) alongside qualitative interviews to co-produce recommendations with service users, offering a systems-level view grounded in lived experience.

Methodological Rigour: We used an explanatory sequential mixed-methods design. Data from initial GCM workshops with 23 participants were analysed using multidimensional scaling and hierarchical cluster analysis to identify nine key concepts. These informed the framework analysis of 25 semi-structured interviews, which deepened understanding of service users' experiences. Findings shaped the second round of GCM workshops with 26 participants, where seven recommendations were co-developed.

Conclusion: Service users described the mental healthcare system as fragmented, opaque, and difficult to navigate. They called for holistic, person-centred care that addresses the wider determinants of mental health. Recommendations included shared patient records, mental health passports, named link workers, tailored community support groups, service directories, embedded mental health workers, and greater inclusion of experts by experience. These findings offer concrete, user-informed strategies to enhance integration and equity in mental health services.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

We involved two public collaborators as integral members of the study team. They attended regular team meetings, contributed to data analysis, and provided invaluable insight across multiple aspects of the study. They also co-facilitated Group Concept Mapping (GCM) workshops, attended a conference, and participated in an action planning meeting. Additionally, they worked closely with the research team and a graphic design company to co-produce an animation of the study findings. Collaborating with them as co-researchers enabled us to build strong, trusted relationships and to really benefit from their lived experience. We also established a public advisory group who provided helpful feedback on several aspects of the study, including the development of a lay-friendly study title, the wording of the GCM workshop prompt, and the distress protocol.

Developing a trauma checklist for people with a learning disability accessing community health and support services
Sarah Wigham

Background: Research suggests people with a learning disability experience high prevalence of adverse life events which may result in trauma-related mental health conditions. Identifying trauma-related mental health conditions can facilitate access to support, however research suggests they may be under-identified in this group. The aim of this study was to develop trauma checklists appropriate for people with a learning disability accessing community health and support services.

Methods: The checklist was developed iteratively during consultation and informed by the Lancaster and Northgate Trauma Scales. Data were collected during interviews and focus groups and analysed using thematic analysis.

Findings: Twenty-eight participants included seven people with a learning disability, two relatives and 19 service providers. Two trauma checklists, each with 13 questions were developed including an accessible self-report and an informant or observer version. Content validity, face validity, utility and acceptability were supported. Three themes were identified including: (i) recognising trauma responses and early identification, (ii) continuity of care and care pathways and (iii) characteristics of the checklists.

Conclusions: The checklists can be used to raise awareness of trauma and support development of trauma care pathways for people with a learning disability accessing community health and support services.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

An independent community advocacy group led by and for people with a learning disability (the Lawnmowers Research Abilities group) reviewed the study lay summary, easy-read participant information, consent documents and focus group topic schedule for accessibility and provided feedback. The Lawnmowers Research Abilities group facilitated recruitment of participants to the focus group and developed a video and vignettes to support accessibility of the focus group discussions. The video was devised, filmed and edited by artists with a learning disability. During consultation the advocacy group discussed whether people would understand the word trauma and what it means, and if the inequalities faced by people with a learning disability may influence whether some experiences were viewed/defined as trauma. The advocacy group highlighted the importance of creating a video that informed the focus group discussions using a non-triggering shared understanding of what trauma was. Three people with a learning disability co-facilitated during the focus groups alongside an advocate. During the focus group discussions, questions were explored using still images, thought bubbles and drama games.

Exploring the impact of single sex wards on sexual safety within inpatient mental health settings: A mixed-methods systematic review
Florence Watson; Claire Creffield; Anna Bates

Aims:
1.   Explore the impact of single sex wards on sexual safety (SS) incidents within inpatient mental health (MH) settings. 2. Explore consumer and staff perspectives of the impact of single sex wards on SS within inpatient MH settings.

Importance and originality: Although hospital admissions are designed to support recovery in a safe environment, concerns are increasingly being raised around the SS of inpatient MH settings. Individuals using MH services often have histories of sexual harm and are at greater risk of re-traumatisation and adverse outcomes, such as self-harm and suicidality, making them particularly vulnerable. Attempts have been made to reduce sexual harm in MH settings through SS interventions, such as single sex wards. Although evidence around the impact of single sex wards on SS is growing, consumer and staff perspectives of single sex wards are mixed. Furthermore, there has been no systematic review of their impact within the context of inpatient MH settings.

Methodological rigour: A mixed-methods systematic review will be undertaken in collaboration with lived experience members, and in accordance with PRISMA and ENTREQ guidelines. Studies will be assessed for methodological quality, using bias assessment tools relative to their research design. Separate synthesis of evidence will take place according to study design, and findings will be integrated narratively through parallel-results convergent synthesis within the discussion.

Discussion: Through providing numerical evidence of effectiveness alongside qualitative insights into impact, findings will be enhanced, supporting their relevance for policy and practice around implementing SS standards within MH settings.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

The broader area of sexual safety was first discussed with academic connections, within the context of universities. The idea of undertaking work around sexual safety was then considered within inpatient mental health settings as this is where my experience lies. I met with senior clinicians in my local NHS organisation, to see if this was an issue clinically. Clinicians felt the area was important and demonstrated appetite for a master's level project they could offer ad-hoc mentoring to. I attended regular trust sexual safety meetings, which gave me the opportunity to complete a benchmarking exercise to benchmark trust practises of sexual safety against some national standards. Having noticed that some interventions were in place in some parts of the trust but not all, it seemed sexual safety was still a priority area. Reading the literature suggested this was a problem for most NHS trusts. I therefore took the general idea of research around sexual safety interventions to a service user group within a local secure inpatient service to see if this was an area of interest, they would be interested in seeing research in, they also showed an appetite for it. I have since received funding for the project and have been working in collaboration with individuals with lived experience to finalise the exact research question and aims, which are presented here. We are hoping to undertake the review collaboratively. This abstract was reviewed by my lived experience members, and they are hoping to attend the conference with me, if travel expenses can be sourced. I am also awaiting contact with an early career researcher who has also showed an interest for being involved.

Responses to Complex Emotional Needs in Prison: Scoping Review Findings
Delyth Wyndham, Gary Lamph, Sue Wheatcroft, Angela Clifford, Katie Saunders, Krista Daniel, Krysia Canvin, Rose Hutton, Jamie Roberts, Michelle Rydon-Grange, Jade Plant, Nathan Hughes, Carine Lewis

Aims: The review aimed to examine the scope of the literature and grey literature considering support for Complex Emotional Needs (CEN) in male prisons.

Importance/originality: 'Personality Disorder' is a contentious, highly stigmatised diagnostic label which is increasingly referred to as CEN. It is a psychological developmental disorder linked to adverse childhood events and early traumas and impacts negatively upon emotional functioning, relationships and life trajectories. There is no evidence for effective pharmaceutical treatments of CEN but there is evidence for effective psychological interventions. Efforts to work more effectively with this group in the UK via the Offender Personality Disorder Pathway, are only available in the most complex, highest risk individuals. Most CEN go undetected and unsupported. The review sought to identify published sources considering commonly applied and novel provisions/interventions for those with CEN in male prisons.

Methodological rigour: The review adopted standardised scoping review processes including development of a protocol mapped to PRISMA-ScR. Systematic searches of databases, selected journals and organisational websites, were supplemented by citation screening. Four reviewers screened sources for inclusion. Inter-rater reliability was checked at abstract and full-text screening stages. Meta-data was extracted using a standard proforma. Eligible sources were critically appraised using the Mixed Methods Critical Appraisal Tool.

Conclusion/discussion: This review is one of several work packages from the Exploration of Prison Responses In complex eMotional nEeDs (E-PRIMED) project. At time of submission findings are still under analysis, we will however be sharing the findings from this review for the first time at this programme showcase.

How have practitioners/users/carers/patients/other experts by experience/the public been involved?

E-PRIMED has engaged fully with practitioners and experts by experience in the co-development of the overall project, from the earliest planning stages, through to implementation and beyond. It has been critical to the success of the work package that our experts by experience have been actively involved in the scoping review design and delivery.