

# NCMH

National Centre for Mental Health  
Canolfan Iechyd Meddwl Genedlaethol



Ymchwil Iechyd  
a Gofal Cymru  
Health and Care  
Research Wales



Ariennir gan  
Lywodraeth Cymru  
Funded by  
Welsh Government

2018-19  
Annual Report





# Contents



Foreword	4
Introduction	5
Our work packages	6
Who's who	8
Developing the NCMH cohort	10
Advancing learning disability research	12
Involving and engaging	14
Co-production in perinatal mental health	18
Big data and mental health	20
Understanding PTSD	22
Preventing suicide and self-harm	24
Conclusions	26

# Foreword



**I'm pleased to present our 2018-19 annual report - it has been another exciting and rewarding year at the National Centre for Mental Health (NCMH).**

Over the past year we have reflected on the way we work and our priorities for the future to inform our bid for funding beyond March 2020.

This has involved consulting with our colleagues in the NHS and the third sector, our research champions and PÂR members, and academics from the wider research community.

Their input has been vital in shaping our funding bid to Welsh Government. I would like to thank everyone who has given their time and energy to help us with this process, and look forward to hearing the outcome of our application in September 2019.

In parallel to this process we have continued to make excellent progress in each of our core areas of work.

You can read some examples of our work over the past year, including how we've now recruited more than 15,000 people from across the UK to take part in our research.

Members of the NCMH team have made significant contributions to new international guidelines on treating post traumatic stress disorder (PTSD), as well as contributed to a large-scale study investigating the genetic basis of PTSD.

Through a Health and Care Research Wales studentship, we have established a co-production project to develop a guide for women at high risk of postpartum psychosis to help them make decisions around pregnancy.

Finally, our collaborative approach to public involvement in research was recognised at the Health and Care Research Wales annual conference.

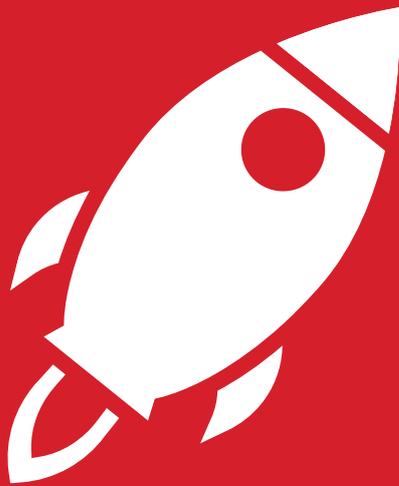
We were incredibly proud to see PÂR announced as the winner of the Public Involvement Achievement Award, and look forward to building on its success over the coming year.

I hope you enjoy reading this report and if you have any questions about our work, please feel free to contact us.

**Professor Ian Jones**  
**Director, National Centre for Mental Health**

# Who we are

The National Centre for Mental Health (NCMH) brings together leading researchers from Cardiff, Swansea and Bangor Universities.



## Our mission

To improve the mental health and wellbeing of the people of Wales.

## Aims

- To advance mental health and learning disability research in Wales
- To engage with patients, their families, the wider public and third sector organisations in Wales to increase understanding of mental illness and the need for research
- To change the research culture in health and social care services



Our areas of research are organised into six workstreams, each led by an expert in the field and representative of the research community.

## Cohorts

One of our main purposes is to recruit thousands of people to help with our research. Our participants also agree for us to contact them about future research opportunities.



## Bio-sampling and genetics

We collect biological samples from our participants to help us learn more about the underlying biology of the conditions we study.

## Social care and social research

Our work in this area is focused on investigating the social causes and social effects of mental health problems.



# e work

work packages. Each work package is led by an  
ed on the NCMH Executive Board.

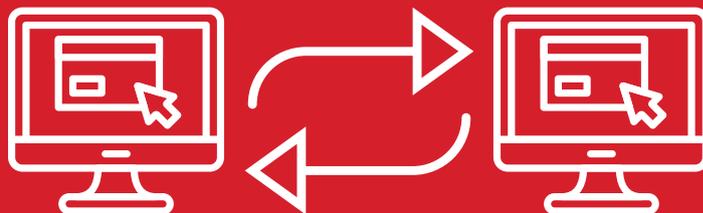


## Involvement, engagement and knowledge transfer

Working to involve and engage the public in mental health research while combating stigma is a key part of our work.

## SAIL data bank

This area of work aims to link up routinely collected patient information to support our research.



## Learning disabilities

Our learning disabilities research focuses on mental health, challenging behaviour and increasing opportunities for people with a learning disability in the workplace.

# Who's who

The NCMH team is made up of academics, clinicians and professional support staff from three of Wales' leading universities - Cardiff, Swansea and Bangor.



**Professor Ian Jones**  
NCMH Director



**Professor James Walters**  
NCMH Deputy Director ●

## NCMH Board

- Professor Sir Michael Owen
- Professor Keith Lloyd
- Dr Michael Jackson
- Professor Mike Kerr
- Professor Debbie Cohen
- Professor Nick Craddock
- Professor David Ford
- Dr Elizabeth Forty
- Professor William Gray
- Dr Stephen Beyer ●

- Professor Jeremy Hall
- Professor Peter Holmans
- Professor Ann John ●
- Professor Meng Li
- Professor David Linden
- Professor Michael O'Donovan ●
- Professor Catherine Robinson ●●
- Professor Anita Thapar
- Professor Rob Poole ●
- Professor Marianne van den Bree

## Administration Team

- Dr Laura Bunting
- Janet Robinson
- Mark Coles
- Jessica Pickin
- Rebecca Lynch
- John Tredget\*
- Paul Gauci\*
- Catrin Hopkins\*

## Laboratory Team

- Ngoc-Nga Vinh\*
- Dr Alex Evans
- Matthew Bareford
- Shane Wainwright\*

## SAIL Team

- Dr Marcos del Pozo Banos
- Dr Sze Chim Lee
- Menna Brown\*

## Phenotyping Field Team

- Dr Catrin Lewis
- Dr Lawrence Raisanen
- Natalie Richards
- Christine Fraser
- Holly Pearce
- Elen Thomas
- Lowri O'Donovan
- Ella Lonnen

- Rhiannon Phillips
- Grace Woolway
- Alice Roberts
- Rachael Adams
- Elin Lewis
- Danielle Kitney
- Amy Lynham\*
- Dr Katie Lewis\*

- NCMH cohort
- Bio-sampling and genetics
- Social care and social research

- SAIL databank
- Learning disabilities
- Involvement, engagement and knowledge transfer



I'm part of the NCMH field team. I spend the majority of my time visiting participants who have experienced mental health problems and neurological conditions.

Grace Woolway  
Psychology Assistant

I'm based in the lab where I coordinate all the samples that the psychology assistants, like Grace, collect from our volunteers.

Dr Alexandra Evans  
Research Technician



I manage the NCMH admin team and assist the centre manager in reporting on NCMH activities. Within the team, I coordinate the admin for our remote-sites.

Mark Coles  
Administrative Officer

My team and I maintain the NCMH website, blog and social media channels as well as organising events and designing all our materials.

Paul Gauci  
Communications Manager



# Developing the NCMH cohort

We have built the NCMH cohort as a world-leading resource for mental health and social care research.

It underpins our research programmes aimed at better understanding biological, psychological and social factors contributing to mental health problems.

Volunteers are asked questions around a range of topics, including mental and physical health, lifestyle, employment and education.

People either take part online or through an interview with a research nurse or psychology assistant.

For participants who indicate that they have experience of psychosis, bipolar disorders, post traumatic stress disorder (PTSD), perinatal mental health problems or a neurodevelopmental disorder, our psychology assistants will carry out a more in-depth assessment. These assessments also include the collection of a blood or saliva sample.



**15,000+**

Participants in the NCMH cohort



**8,900+**

Volunteers have provided a biological sample

## Working with the GLAD Study

The Genetic Links to Anxiety and Depression (GLAD) Study is a research project exploring the genetic and environmental risk factors for depression.

It is the largest study of its kind, and after recruiting more than 20,000 people in England, the study is now open in the rest of the UK.

We are facilitating the project in Wales, and Professors Ian Jones and James Walters have joined the project team.





## Our student cohort

In September 2018 we launched 'How are you?', a project in collaboration with Cardiff University Student Support Centre.

The aim of the project is to learn more about mental health at university and use this information to develop better student support services in the future.

Students beginning their studies in the 2018/19 academic year were invited to complete an online survey, and over 1,600 people took part.

Those who participated also consented for us to contact them in the future, giving us the opportunity to collect follow-up data during their time at Cardiff University.

We are currently undertaking focus groups and interviews with a sample of our participants to collect qualitative data and explore student experiences in more depth.

The information we collect during the focus groups and interviews will be triangulated with the survey data to provide further insights on student mental health and wellbeing at Cardiff.

We hope that the study will be continued in the next academic year to further build on the existing cohort of students.



# Advancing learning disability research

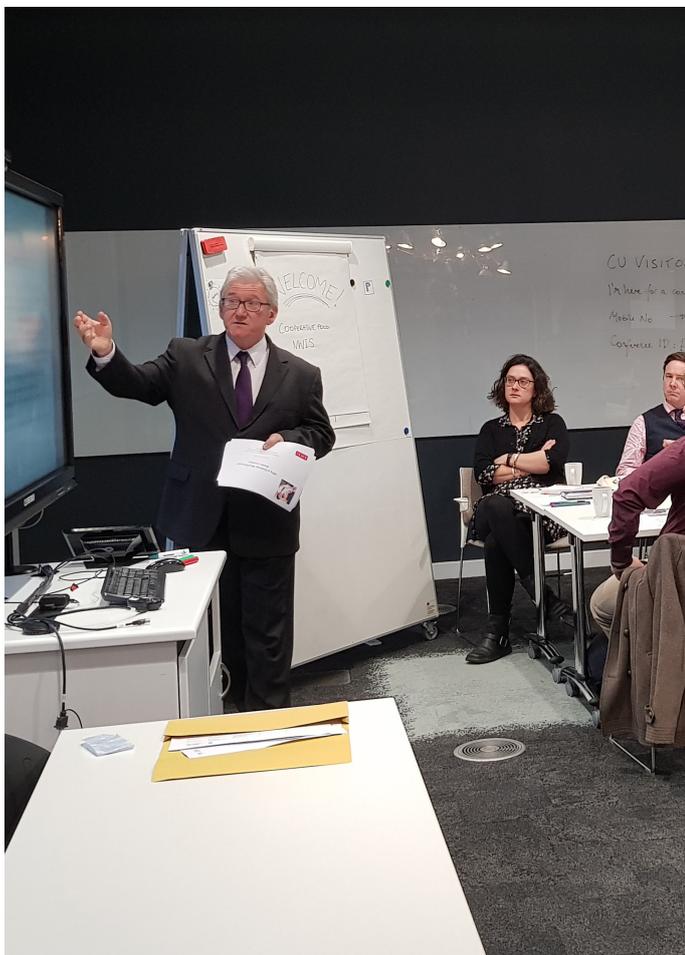
In January we welcomed mental health professionals and people working in learning disability organisations for an afternoon of talks and discussions with the aim to help us evolve our work with people with a learning disability who have signed up to take part in our research.

As well as providing an overview and updates from our learning disability projects, we gave our attendees the chance to feed back and input into our planning for the next phase of learning disabilities research at NCMH.

Each group came up with some excellent suggestions and their feedback will be used to inform our future plans.



## Engage to Change



We are collaborating with Learning Disabilities Wales, Elite Supported Employment Agency, Agoriad Cyf and All Wales People First to create and support long-term youth employment opportunities by engaging young people and employers.

The project is supported by The National Lottery Community Fund. Recent highlights from the project include:

- Collaborated with Cardiff University Business School to host a 'Valued in Work' workshop on International Day for Disabled People.

The workshop aimed to support employers in recruiting people with a learning disability.

- Interim analysis has found that over 90% of employers who have hosted a work placement would be prepared to employ somebody with similar disabilities in the future.

# ADVANCING LEARNING DISABILITY RESEARCH IN WALES

**Q1**

ADDING QUESTIONS ABOUT QUALITY OF LIFE



TIE IN WITH THE IMPROVING LIVES STRATEGY



The DATA could be used to tell INSPIRING STORIES



MORE CONTEXT FOR DESCRIBING WHERE PEOPLE ARE ON THEIR LIFE JOURNEY



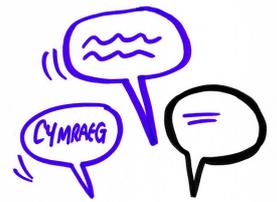
WELLBEING

- LOOK AT THEIR

**Q2**

WE COULD FOCUS MORE ON LANGUAGE SKILLS

and SOCIO-ECONOMIC STATUS



COLLECT INFO ON...

• CHALLENGING BEHAVIOURS



COLLECTING INFORMATION ON THEIR LIFE JOURNEY, ASKING

• POVERTY INCOME MEASURES

• IN EMPLOYMENT  
• LIFE SATISFACTION

HAVE YOU EVER HAD...?

What currently affects you?

ASK ABOUT MY EPILEPSY...



**Q3**

GO OUT AND TALK COLLABORATE WITH DIFFERENT ETHNIC GROUPS



IT'S HARD TO GET PEOPLE INVOLVED SOMETIMES → MAKE IT EASIER

LOOK AT THE WHOLE PERSON



**NCMH**  
National Centre for Mental Health

Visual by EleanorBeer.com '19

This illustration was produced during our advancing learning disabilities research consultation event. It summarises the feedback we received when we asked:

- What could our learning disabilities cohort be used for?
- Are we collecting the right information from participants with learning disabilities?
- How can we facilitate and strengthen links between health and social care research, policy and practice?

# Involving & engaging

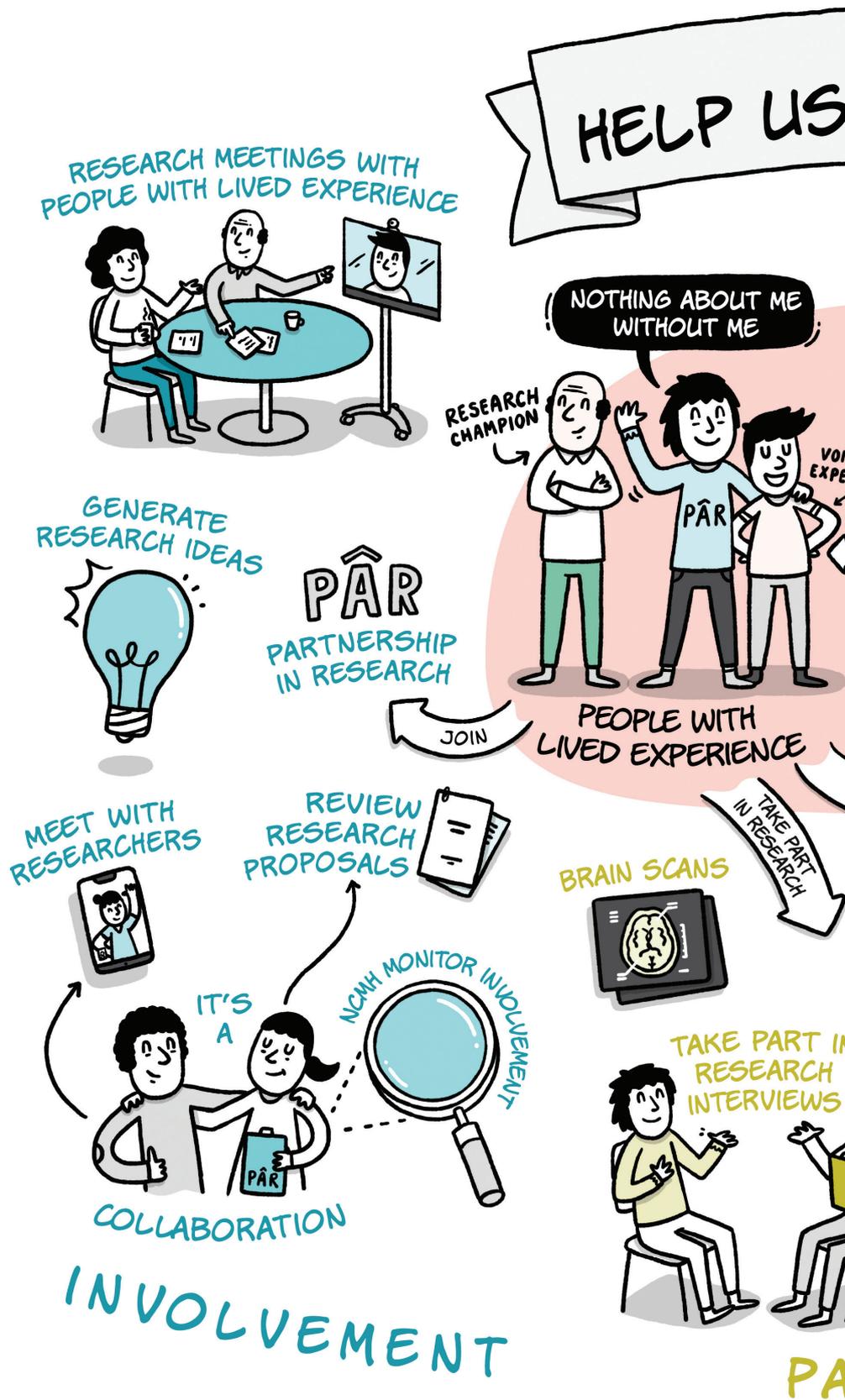
We recognise the importance of engaging and involving the public in all aspects of our work.

This is one of the areas of work we are most proud of.

This illustration provides an overview of the different ways in which people can participate in research, get involved in shaping our research agenda and support us to engage the wider public in the value and importance of mental health research in Wales.

Highlights in the past year include:

- Our Partnership in Research group (PÂR) received the Public Involvement Achievement Award at the Health and Care Research Wales annual conference.
- We collaborated with Cardiff University's MRC Centre for Neuropsychiatric Genetics and Genomics to host a mental health game jam.
- Recorded podcasts on sleep, insomnia and mental health, 22q11.2 Deletion Syndrome and autistic spectrum disorders.



# MENTAL HEALTH. MAKE A DIFFERENCE

HERE TO SUPPORT,  
ADVISE & ENGAGE

HOW CAN I GET HELP  
TO SHAPE MY RESEARCH?



NATIONAL CENTRE  
FOR MENTAL HEALTH

WORLD-LEADING  
RESEARCHERS &  
HEALTH PROFESSIONALS



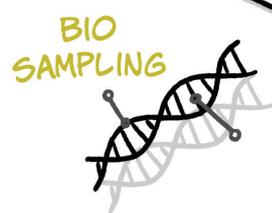
★★★★★  
BETTER RESULTS



INCREASE  
AWARENESS



GET YOUR VOICE HEARD



BECOME A



HELP  
OTHERS

## ENGAGEMENT

## PARTICIPATION



## Involvement

Our collaborative approach to public involvement in research was recognised and celebrated at the Health and Care Research Wales annual conference in October 2018.

Partnership in Research (PÂR) was announced as the winner of the Public Involvement Achievement Award, an accolade we were incredibly proud to have received.

PÂR brings together members of the public with lived experience of mental health problems to be actively involved in research in Wales, and for researchers to benefit from the unique perspective of service users and carers.

Following the award, we hosted two 're-launch' events in Bangor and Cardiff. The aim was to expand the PÂR network and give more people the opportunity to provide their input on our work.

Both events included an overview of our research and our future intentions, as well as a history of public involvement in mental health research and how it has evolved over recent years.

Each event also included presentations from researchers involved in the network, explaining

how their work has benefited from the expertise of our members.

The events culminated in an interactive ideas session, giving academics the chance to speak to members of the public about their research ideas and priorities.



Professor Ian Jones and Bethan Edwards receiving the Public Involvement Achievement Award.

# Innovative events

We attended more than 30 awareness raising events in 2018-19 and collaborated with partners to host a number of our own events. From video games to sports and from science to fun fairs, our varied programme of events has helped us reach a wide audience and spread the message about our research.



In April 2018, we hosted a taster session with Cardiff and Met Korfball team. The event was designed to encourage people to get active and try something new.

In June we joined Cardiff University's MRC Centre for Neuropsychiatric Genetics and Genomics at the MRC Festival Science Fair.

Our team hosted a number of traditional fun fair stalls adapted to demonstrate mental health research, including a hall of mirrors, hook-a-duck and a coconut shy.

We teamed up with the MRC Centre again in September, co-hosting JAMMIND, a mental health game jam funded by The Wellcome Trust. JAMMIND brought together video game developers, researchers and people with lived experience of mental health problems to produce games that accurately or positively portrayed mental health problems.

In October 2018 we hosted Representing the



Mind, an exhibition exploring the visual and musical representations of the mind and mental health.

The project, funded by the Arts Council for Wales, was led by Dr Rhys Bevan-Jones, a clinical fellow at Cardiff University, and Gareth Roberts, a jazz trombonist.

During the event guests had the opportunity to view Rhys' artwork before listening to a jazz performance inspired by the art.

# Co-production in perinatal mental health

Mental health problems are common during pregnancy or within the first year of giving birth (the perinatal period), affecting more than 1 in 10 women.

For women with bipolar disorder, the risks of experiencing an episode of illness in the perinatal period increases to 1 in 2, with some women needing inpatient care.

One of the most serious illnesses women can experience is postpartum psychosis, which affects around 20% of women with bipolar disorder following childbirth.

As a result, women with bipolar disorder have some very difficult decisions to make around pregnancy, including stopping, switching or continuing medications.

Each option has its own potential risks and benefits, so finding the right option can be difficult.

To help tackle the issue, we have launched a new project in partnership with Action on Postpartum Psychosis (APP), a national charity supporting women who have experienced the illness.

The project aims to work with clinicians and women with lived experience of bipolar



Elen Thomas will be working on the project as part of her Health and Care Research Wales Studentship.

disorder and postpartum psychosis to develop a collaborative guide to facilitate shared decision making around pregnancy.

It will also help women and their clinical teams to produce individually tailored plans and strategies covering pre-conception, pregnancy and the postpartum to help prevent and manage potential problems.

We hope the project will support women in making decisions about becoming pregnant, reduce their risk of becoming unwell in the perinatal period and improve their access to care if they experience an episode of illness.

## Better predictions for postpartum psychosis

We are running a related project in partnership with the Bipolar Disorder Research Network and colleagues at the University of Worcester. It aims to better understand the factors that make some women with bipolar disorder more or less likely to experience episodes of illness in relation to childbirth. To date over 130 pregnant women with bipolar disorder have helped with the research but we need the help of more women in order for us to be able to answer these important questions.

To this end we are delighted that Dr Marisa Casanova Dias, has joined the research team on an MRC Clinical Research Training Fellowship.

We hope this research will make a real difference for women with bipolar disorder and lead to better ways to predict and treat episodes of illness following childbirth.



## Knowledge mobilisation

We are sharing our expertise in perinatal mental health through a partnership with Action on Postpartum Psychosis to deliver training to healthcare professionals across the UK.

Professor Ian Jones is working with Sally Wilson (above), a training coordinator at APP, and other members of the APP team to develop the whole-day workshop programme.

In each workshop, an expert by experience and a consultant perinatal psychiatrist work with the attendees to increase their understanding of postpartum psychosis.

By utilising clinical experience, cutting-edge research, and the real experiences of affected

women and families, the course looks to develop expertise and empathetic understanding.

The workshops cover the common symptoms of postpartum psychosis, which can include high or low mood, confusion, abnormal beliefs, and hearing or seeing things that are not there.

It also highlights potential risk factors, such as previous episodes of postpartum psychosis, bipolar disorder or other mental health problems.

Lastly, attendees are able to learn about the different treatment options for all phases of the illness, and importance of peer support for women during their recovery.



**12**

Workshops delivered  
across the UK



**220+**

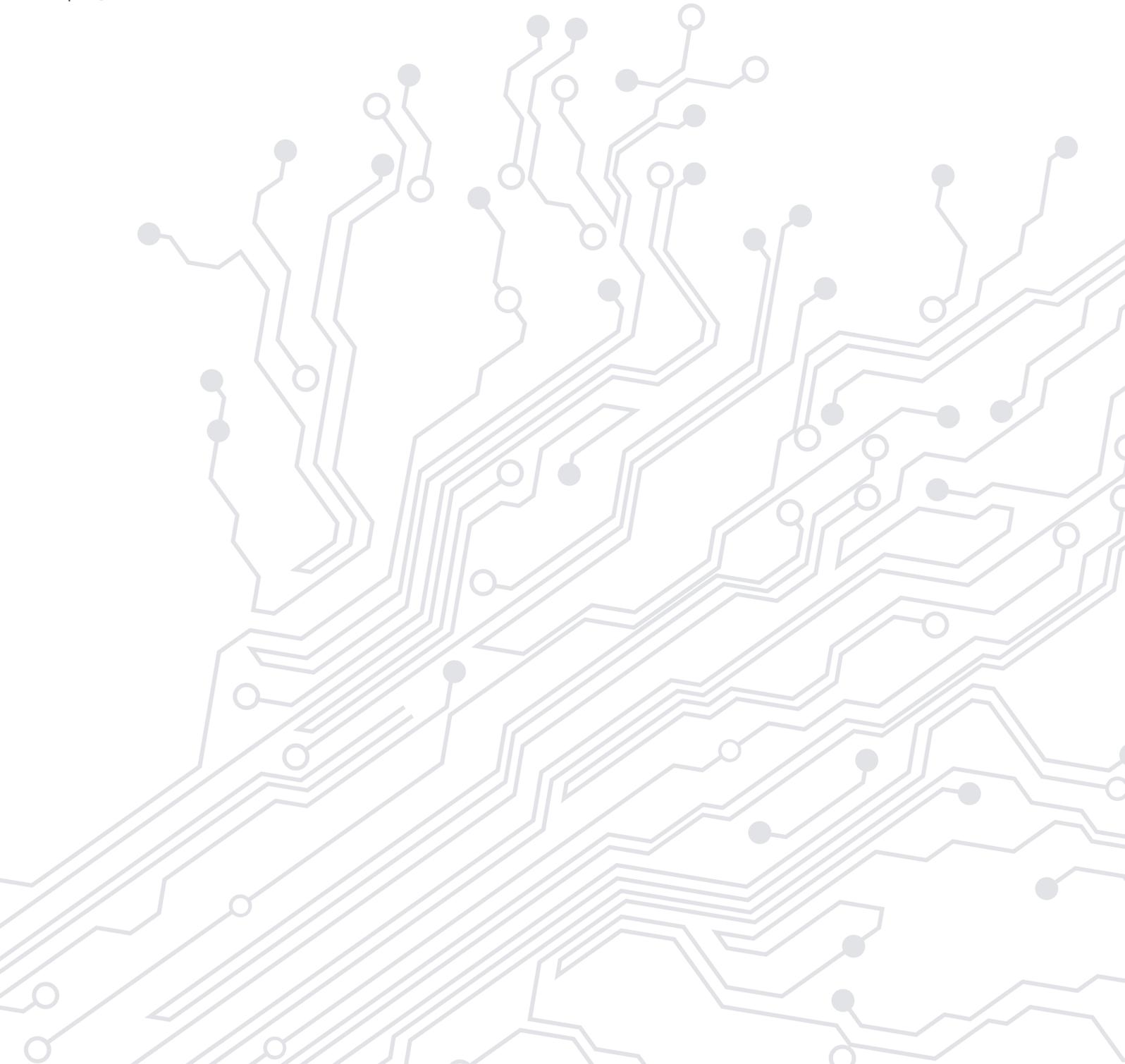
Healthcare  
professionals trained

# Big data and mental health

In recent years, major progress has been made in understanding the genetic basis of many mental health problems, and a substantial part of this has been due to large-scale data sharing. These advances offer great opportunities for improving stratification and treatment responses in mental disorders.

To capitalise on this progress there is now a need to extend this large-scale data driven approach forward by integrating genetic information with clinical, environmental, developmental and biological data at scale in mental health to transform the management of psychiatric disorders.

Through our partnership with Swansea University's SAIL data bank and with additional funding from the Medical Research Council and the research charity MQ, we are involved in a number of projects to take this work forward.



## Clinical Record Interactive Search System (CRIS)

We are working in collaboration with Cardiff and Vale University Health Board to implement the Clinical Record Interactive Search System (CRIS).

The overall aim of CRIS is to maximise the use of the Health Board's mental health clinical records, by allowing authored users to search an anonymized database of clinical information derived from the Health Board's electronic clinical record system.

CRIS removes any information that can identify someone, meaning that an individual's clinical information can be searched, but their personal details cannot.

CRIS will enable us to look at up-to-date clinical information in large numbers of people. This will make it easier to identify patterns and trends, such as what treatments work for some and don't work for others.

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## Adolescent Data Platform

The Adolescent Data Platform aims to improve the speed and effectiveness of research into young people's mental health with an unprecedented new resource for scientists and policy makers.

Each day, thousands of pieces of data are collected in schools, GP surgeries and hospitals.

Funded by MQ and led by Professor Ann John, this project is working to anonymously bring this data together under one roof, making it easy to work with and speed up research.

In total, billions of pieces of data will be included in the platform, ranging from administrative health, social and education data, to psychological and clinical data, as well as information from research studies. All data is held within the privacy protecting SAIL Databank at Swansea University Medical School.

This will help us to better understand the causes of physical and mental illness and how best to treat them.

CRIS can also be used for clinical audit and service evaluation to help improve the services provided by the health board.

By implementing CRIS, Cardiff and Vale will be joining 13 other UK NHS Trusts in the UK-CRIS network who have already implemented the system.

Examples of things that have been looked at using CRIS:

- Do some drugs for schizophrenia affect physical health?
- Do people's living arrangements affect how long they spend as inpatients, receiving care in hospital wards?

This work is being led by Professor James Walters and is funded by the Medical Research Council as part of the UK Government's National Productivity Investment Fund.

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This is the biggest platform of its kind, addressing a significant gap in young people's mental health research.

It also offers the opportunity to get scientists from different fields working together, breaking down silos and building a truly bio-psycho-social model to understand mental illness.

Ultimately, it will make it easier for researchers and policy makers worldwide to use and learn from data, reducing the costs and time involved in mental health research and creating vast new potential insights.

The team have spent the past year building the infrastructure, securing data agreements, preparing and linking the data.

The team will begin preliminary data analysis on available data within the first 12 months – and will be working with other researchers across the UK to grow the size of the platform, nations covered, and breadth and depth of data during that period.

# Key achievement: Understanding PTSD

Post-traumatic stress disorder (PTSD) is a common mental health condition that a person may experience following severe traumatic events, like abuse, accidents, assaults, disasters and military combat.

It is estimated that around 7% of the population will have PTSD at some point in their lives.

It often causes major suffering to those affected and the people around them and can become a chronic and enduring condition.

Better understanding the causes of PTSD is an area of priority for our research. We ask all NCMH participants who tell us they have experienced a major traumatic event whether they experience typical symptoms of PTSD like:

- flashbacks
- nightmares
- hyper vigilance
- avoiding thoughts and reminders about the event
- an increased startle reaction

## International collaborations

We have worked closely with the international Psychiatric Genetics Consortium for PTSD, investigating the role of genetics in increasing risk of developing the condition.

As part of this collaboration, funding from Cohen Veterans Bioscience in the USA has allowed a genome wide analysis of the DNA samples of 1,326 NCMH participants.

This included 663 people with PTSD and 663 who had experienced a traumatic event but did not have PTSD.

As a result, we contributed to the largest ever genome-wide association study (GWAS) of PTSD.

The findings of this study confirmed that there is a significant genetic contribution to PTSD. It appears to be more marked in women than

men, and overall there are 12 different genes implicated.

Further work is now underway to use this important information to better understand PTSD.

We are interested in discovering why some people develop PTSD after traumatic events while others do not. Ultimately, we want to know how to prevent PTSD where possible, and treat it more effectively when it does occur.

## Contributing to international guidelines

Professor Jonathan Bisson chaired an international committee of experts to develop new guidelines on the prevention and treatment of PTSD.

The guidelines, published by the International Society for Traumatic Stress Studies (ISTSS), are intended to assist clinicians providing prevention and treatment interventions for children, adolescents and adults with, or at risk of, PTSD.

A series of reviews undertaken by NCMH staff identified a number of interventions that are effective in the treatment of PTSD. While face to face trauma-focused therapies continue to have the strongest evidence of effect, there are also some alternative treatments recommended.

This includes therapist-guided online programmes using trauma-focused cognitive behavioural therapy (CBT-I) approaches to treat adults with PTSD.



### Genome-wide association studies

Genome-wide association studies are a way for scientists to identify genes involved in different conditions.

This method searches the genome for small variations, called single nucleotide polymorphisms (SNPs), that occur more frequently in people with a particular condition than in people without it.

## Finding new treatments for PTSD

We are currently running two clinical trials aiming to evaluate new treatments for PTSD; 3MDR and RAPID.

### 3MDR

3MDR, or modular motion-assisted memory desensitisation and reconsolidation, is a treatment that aims to reduce cognitive avoidance and augment engagement in therapy.

During each session, participants are asked to walk on a treadmill in front of a large video screen. We are investigating whether this treatment can reduce symptoms of PTSD in military veterans.

So far we have 42 participants, and aim to analyse our results during the summer of 2019.

### RAPID

We have developed an online programme which combines the use of self-help materials with regular guidance from trained healthcare professionals.

Our aim is to determine whether this intervention can provide faster and more accessible treatment for PTSD than individual trauma-focused cognitive behavioural therapy, whilst being equally effective.

It is targeted towards people who have developed PTSD after experiencing a single traumatic event, like a car accident, rather than those with complex PTSD who have been exposed to multiple traumatic events over a period of time.

We have recruited 133 participants so far and plan to recruit 192 participants by December 2019. All follow-up interviews will be complete by December 2020, allowing us to start analysing our data.



# Key achievement:

## Suicide and self-harm prevention

### Suicide

Each year about 350 people in Wales die from suicide. This is about twice the number killed in road accidents.

Led by Professor Ann John, our work in this area aims to transform data into new knowledge to improve mental health and inform policy change.

Our methods range from traditional epidemiology, which is the study of how often illnesses occur in different groups of people and why, to the development of artificial intelligence-based clinical decision support tools.

Although the factors that contribute to a suicide are many and complex, suicide is potentially preventable.

Knowing who dies by suicide and when is essential to suicide prevention efforts, since it allows us to identify changes over time, enabling responsive priorities to be set to inform policy and practice, and document the impact of any interventions.

Ann chairs the National Advisory Group to Welsh Government for the Prevention of Suicide and Self-harm. She played a key role in developing

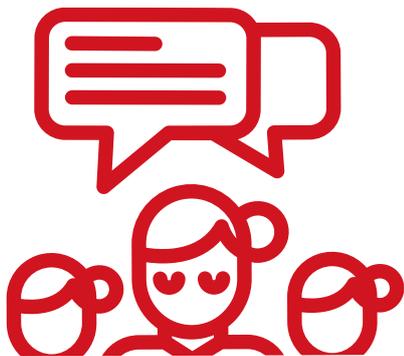


Professor Ann John leads the SAIL Databank work package and is based at Swansea University.

the *Talk to Me Too* suicide prevention strategy for Wales, ensuring it was informed by current research findings.

Through this role, Ann was invited to provide evidence to the Health, Social Care and Sport Committee Inquiry into Suicide and Self-Harm Prevention in Wales, which published the *Everybody's Business* report in December 2018.

Ann and her team also helped organise the National Conference on Prevention of Suicide and Self-harm in January 2019, where she and Professor Keith Lloyd chaired sessions.



### Sharing good practice

The National Conference on Prevention of Suicide and Self-harm brought together academics, health and social care professionals and people with lived experience from across 5 nations.

## Self-harm

Self-harm is not a mental illness, but a behaviour. The reasons for self-harm are different for each person and often complex.

The majority of people do not self-harm in an attempt to end their lives but sometimes it can be a suicide attempt. Research shows that self-harm is commonest in older adolescents.

Data from the Talk to Me Too midpoint review, led by Professor Ann John, found that 3-year rolling rates of emergency admissions were highest in 15-17 year olds with a rapid increase observed between 2009-2011 and 2013-2015 from 645 to 986 per 100,000. These rates also increased in 10-14 year olds from 193 to 386 per 100,000.

The increase in rates in those aged 10-17 years may reflect a genuine increase in self-harm rates, increased awareness and help-seeking combined with reduced stigma.

It could also point to improved management of self-harm in young people in line with NICE guidance (2004) which advises that individuals under the age of 16 presenting to hospital for self-harm should always be admitted for a comprehensive psycho-social assessment.

The most reliable data for self-harm available in Wales is derived from hospital in-patient data. Many people who harm themselves do not attend health services and of those that do very few will require admission.

This is a serious impediment to our understanding of the scale of the problem and to planning effective service organisation and delivery.

Through the Adolescent Mental Health Data Platform, we are supporting a linked e-cohort study of self-harm in young people aged 10-24 years across healthcare settings (primary care, emergency departments and hospitals) looking at contacts and trends over time.



### 15-19 year olds

For the period 2007-2016, age specific harm admissions showed the highest rate among females aged 15-19 years.

## The year ahead

Over the next year we will focus on supporting the implementation of the National Advisory Group recommendations, including the re-launch of the Talk to Me Too website.

This website has been supported by NCMH team members in Swansea and Cardiff, bringing together resources and signposting information for people in Wales.

It will also provide information for researchers and policy makers on the research currently

underway using the SAIL Databank and Adolescent Mental Health Data Platform.

This includes the Child Death Review of Suicide in Wales 2013-2017, conducted with Public Health Wales. This is due to be published later in 2019 with a number of opportunities for prevention.

We are also conducting a case-control study of those under 24 years who have taken their own lives exploring household and individual determinants.

# Conclusions

The past year has seen us reach new milestones and further develop our activities, whilst also looking ahead to the next five years and beyond as we prepared and submitted our application for further funding from March 2020.

The perspectives and ideas of our stakeholders were vital to the development of our new funding bid to Welsh Government. We invited our colleagues in the NHS, third sector, wider community of researchers, and members of the public – including our Research Champions and P&R members – to share their views on the future direction of NCMH.

## Developing our activity

Following our stakeholder consultation, we hope to develop our activity in three key ways:

- 1** we will link our activity more closely with the priorities of NHS Wales, focusing recruitment, policy and intervention work in areas of new service development that map onto our areas of research excellence
- 2** we will move to less labour-intensive models of recruitment and assessment that work at scale, at distance and at lower cost
- 3** we will increase focus on translating our research activity into real world impact, building on our excellent track record of intervention development to improve the health and wealth of those in Wales and internationally.

## New work package structure

We have also simplified our work package structure, ensuring it fits our focus going forward:

### NCMH cohorts

We will continue to develop innovative and cost-effective methods of recruitment and assessment which we have successfully piloted in the current funding phase:

- online recruitment and assessment
- NHS recruitment: training health board staff to recruit and assess NCMH participants

### Smart assessments

Building on our use of online, wearable, and mobile technology to gather rich data from participants, we will continue to work collaboratively to grow our work in smart methodologies.

This includes online neurocognitive assessment and online symptom monitoring. It will also involve developing our bio-sampling methods, establishing protocols for online consent and DNA collection through the post. It will also build on our successful Clozapine Schizophrenia sampling, piloting the collection of anonymous routinely collected blood samples from mental health patients.

### Electronic data linkage

Linking our cohorts to the SAIL data bank has enabled us to conduct a number of informative studies, addressing important issues like trends in prescribing to children and young people and self-harm trends and healthcare contacts prior to suicide.

We plan to analyse SAIL data to learn more about long-term outcomes for the people in our cohort,

including understanding better the causes of premature mortality in those with severe mental illness.

## Intervention development

Our excellent track record of intervention development includes the work of the Traumatic Stress Research Group on novel treatments for PTSD and 'guided self-help' in addition to our award-winning psychoeducation programmes for bipolar disorder, Bipolar Education Programme Cymru and Beating Bipolar.

We also plan to develop new intervention programmes covering areas like postpartum psychosis, first episode psychosis, adolescent depression, ADHD, suicidal behaviours, mood symptoms in learning disabilities and employment interventions to deliver better outcomes.

## Involving and engaging people with lived experience

We plan for our public involvement and engagement activity to have even greater priority in the next funding phase, with additional resources allocated to ensuring that people with lived experience of a mental health condition have input at all stages of the research process, from the early stages of development to shaping how we disseminate our research, and everything in between.

In addition to continuing the work of our Research Champions and the P&R group, and in response to the views expressed during one-to-one consultations with these groups, we plan to introduce new roles which will embed the voice of lived experience across NCMH's various areas of activity.

We will create Public Involvement Lead and Public Engagement

Lead roles, who will sit on the NCMH Executive Board, and 10 paid Research Partner roles to support involvement in our work package activities.

Throughout this work, we will continue to strengthen our strong working relationship with the Health and Care Research Wales Public Involvement Community.

## Next steps

We look forward to receiving the final decision on our funding application by September 2019. In the meantime, we will continue building upon the successes of the past year and working towards our plans for the next.





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This report is also available in Welsh. To request a copy, please contact [info@ncmh.info](mailto:info@ncmh.info)

