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Research and Development Newsletter

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Editorial

Welcome to the 57th edition of Innovation

Summer 2026

This year we celebrate 20 years of our HEER group. This is our adult service user group. 20 years ago, service user input looked very different! At a recent lunch to celebrate the 20 years, long standing members reflected on how the group has evolved. Involvement has changed from being a transactional, tick box exercise to an ongoing relationship where service users are involved throughout the process. This change has brought great benefits to both researchers and service users. Research is more meaningful and service users feel their voice is heard. The HEER members shared in the word cloud below how they feel about being part of the HEER group. Trust and feeling valued are central along with the experience being fun!

In this edition we hear about the HEER group journey and the impact it has made along the way. We also learn the difference it makes to researchers across the region who can access the group.

Of course there is still more that could be done. We need to ensure we have joined up service user involvement across the city and wider region. We need to ensure wider participation by better representation. We need to ensure we understand the needs of those with co-morbidities so those with both physical and mental health conditions can access research.

But I end with the voice of the HEER members who left the celebration lunch with the message 'to another 20 years'. We thank you for your contribution and we can't wait to work with you over the next 20 years!

Sarah Cooper,
Head of Research and Development,
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Small Group, Big Impact: The Story of HEER

In 2006, involving people with lived experience in mental health research was far from routine. Research was largely designed by professionals, for patients, rather than with them. That is the gap HEER was created to fill.

HEER, short for Help from Experts by Experience for Researchers, began life as "Leeds Researchers". It was set up by Dr Virginia Minogue, then Head of Research and Development at Leeds and York Partnership NHS Foundation Trust (LYPFT). Having previously seen the value of a service-user research group elsewhere, she recognised that LYPFT needed the same honest, informed voice at the heart of its research work. With support from the Trust's executive team, the group was born, and it has been shaping research ever since.

From the outset, the purpose was clear. HEER would be made up entirely of people with lived experience of mental health services, either as service users themselves or as carers. Their role was not therapeutic. Instead, members were there to act as experts in what research looks and feels like from the participant's point of view. They reviewed studies, advised on policies, and were encouraged to develop research of their own alongside academic and clinical partners.

That approach was ahead of its time. Today, patient and public involvement is a requirement of major funders such as the National Institute for Health and Care Research, but HEER was doing this work long before it became standard practice. The group's influence has helped ensure that research at LYPFT is more inclusive, more accessible, and more relevant to people's real lives.

One of HEER's proudest achievements came in 2010, when the group designed and delivered its own study, 'Bridge to Recovery'. Fully embedded within the research team, members shaped the study from start to finish. They presented to the Research Ethics Committee, helped collect data, and contributed to writing up the findings. The study explored which activities supported recovery, highlighting the value of support groups, adult education and hobbies. The work was shared widely, won first prize for best poster at the Mental Health Research Network conference, and marked HEER out as more than an advisory group. It showed what is possible when lived experience sits at the centre of research.

Over the years, HEER's role has grown and evolved. In 2017, the group adopted its current name to better reflect its purpose and identity. Members co-produced new terms for researchers attending meetings, refreshed ground rules, and developed new branding. Around the same time, the group became more closely supported by the Patient Research Ambassador role, a position created to embed a patient-centred research culture within the Trust. What began as a small voluntary role has since grown into a core part of the Research and Development team, reflecting just how central involvement work has become.

HEER's impact is not measured only in awards or numbers, though those are impressive. Since 2006, the group has reviewed more than 100 research studies, supported countless funding bids, and met over 160 times. Researchers consistently describe HEER's feedback as invaluable. Members are particularly skilled at spotting jargon, challenging assumptions, and improving participant information so it is clear, welcoming and respectful. Often, they think of practical issues researchers have not yet considered, simply because they see the work through a lived-experience lens.

The group has also played a wider role across the Trust and beyond. HEER members have co-delivered training at Leeds Recovery College, contributed to staff induction, supported student nurse education, and helped shape inclusion principles for research. During the Covid-19 pandemic, the group adapted quickly, moving meetings fully online and continuing their work without pause. They even produced easy-read materials to support research participation during an incredibly uncertain time.

There are currently eight members, many of whom have been involved for over a decade, the group has built strong trust, shared understanding and confidence to ask challenging questions. That consistency is one of its greatest strengths.

Looking ahead, change is inevitable. The Trust is evolving, budgets are uncertain, and roles will shift. But if the past twenty years have shown anything, it is that HEER endures. Grounded in lived experience, quietly influential, and "in there at the beginning", HEER continues to help shape research that truly makes a difference.

To mark its 20th anniversary, HEER members and colleagues came together to celebrate the group's achievements and reflect on its impact. The event highlighted how lived experience has become central to shaping inclusive research, with a strong sense of pride and appreciation throughout. The group was presented with a Trust 'Spotlight' award, recognising its outstanding contribution and offering a fitting tribute to two decades of meaningful involvement.

Here's to the next twenty years of HEER...

Listening, learning and shaping better mental health research together

High-quality mental health research does not happen in isolation. It is strengthened when the voices and experiences of service users are embedded throughout every stage of the process. The Health, Experience and Engagement in Research (HEER) group has been central to making this a reality, supporting researchers to design studies that are not only methodologically sound, but meaningful, accessible and grounded in real lives.

Across a range of projects, career stages and disciplines, researchers describe returning to HEER again and again for its honest challenge, practical insight and collaborative approach. From shaping research questions and study design, to refining participant materials and translating findings into plain language, the group consistently ensures people who use services remain at the heart of the work. Just as importantly, HEER provides encouragement and confidence, helping researchers develop, grow and progress. Together, these experiences reflect the true value of partnership working and the lasting impact of effective public and patient involvement in research.

I first sought the advice of the HEER group in spring 2023. At this time, I was relatively new to the field of research and was seeking the expertise of the HEER group in order to help me bring my research question to life. I was devising a novel study design in order to explore how long-acting injectable antipsychotics affected people between their administrations. They gave helpful recommendations in terms of the presentation of my participant materials, and also suggested how I should amend my research design in order to maximise recruitment and ensure participants were fully informed and comfortable with every step of the process. I have returned to HEER on several occasions since for further advice and guidance. They have helped me in developing plain language summaries of our findings for participants and the public, as well as co-producing a design for a trial that will explore the best strategies for using antipsychotics. The expertise of the HEER group has greatly assisted my own knowledge and understanding in how to ensure research and its findings are kept accessible for all. Here's to another 20 years and more!

Dr James O'Neill
Higher Trainee in Forensic Psychiatry, South West Yorkshire Partnership Teaching NHS Fondation Trust

When I first reached out to the HEER group, I was looking for help to make my research more relevant for service users. After hearing recommendations from my peers, I joined a meeting and was immediately struck by the group's warmth, diversity, and genuine passion for shaping high-quality research. I've been back to them 4 times over a number of years to get their expert opinion.

The HEER group has been instrumental in the development of my project. Rather than just offering a review, they took a 'critical eye' to how the research would be delivered and gave honest feedback. They challenged me to refine my study aims, ensuring that every step had the service users front and centre. Their expertise was particularly invaluable in the 'translation' of findings; they gave practical suggestions for how to move beyond academic findings to create outputs that was meaningful for service users and stakeholders.

The group has also been a source of personal encouragement. Their reinforcement has helped me build the confidence to progress from a very early developing researcher with a few ideas to a PhD candidate. To me, the HEER group reflects the very best of PPIE; integrity, collaboration and respect.

Emma Pearce, Advanced Speech and Language Therapist, LYPFT

I attended the HEER Group throughout my PhD research that focused on improving the safety of service users at the transition from acute inpatient mental health care to community settings. From the very beginning, the group offered thoughtful, honest, and valuable insights that shaped the direction of my research that I could never have achieved alone. The group helped me refine the focus of my research, think carefully about the design, and ensure that every element of the study was appropriate, accessible, and reflective of service-users' needs. Their guidance influenced decisions about where and how to recruit participants, how we can provide support to participants, the range of experiences we should aim to capture, and how to communicate clearly and sensitively with participants throughout the research process. The group also reviewed all the participant materials carefully and provided help in making them suitable and more accessible for service users. This input made my research not only more rigorous but also far more relevant and grounded in the realities of those who use mental health services. Beyond the practical support, the group were consistently warm and welcoming, and attending their meetings became a valued part of my research journey. I returned regularly throughout my PhD to share updates, reflect on progress, and continue learning from their perspectives. I have since returned to the HEER group to involve them in other research projects."

Jessica Rich, Research Fellow, Bradford Institute of Health Research

Meet the HEER Group...

Meet Paul Frazer

Paul Fraser, who has not only been the co-chair of the SUN (Service User Network), worked with the Recovery College and with Leeds Involving People, but also manages to find the time to be an active member of the HEER group.

Tell us about the HEER Group, what is it really?

It's a small friendly group that meets every month and we're all service users and carers (or have been). We've had different walks of lived experience of Mental Health Services in Leeds and we share that experience in a therapeutic and friendly environment. We all get involved with different studies that the University or the trusts or anyone who's doing any research in to Mental Health across the country, they can come to our meetings and give presentations. We have discussions and we ask them questions about what the study is and what they're doing and what could maybe be changed or improved. We're giving our experience and talking on behalf of others as a role model and sharing it in a therapeutic environment. Different studies that we've been involved with include dementia, about anxiety and depression, eating disorders, cardiovascular and heart problems with medications. We're looking at long-term side effects, diabetes, weight gain from medication, different medication for different illnesses.

It's just like an umbrella of different services/studies that are going on. We always get a chance to represent other service users as well on the meetings; be their voice.

How long have you been a member of the HEER group?

At least six or seven years now. I've been coming before lockdown when we used to meet face to face at the Becklin centre and I've been coming to zoom meetings ever since. I like to go, it keeps me active and busy and I feel valued. I contribute towards the discussions, and it keeps me well.

I've been coming quite a long time; I try to encourage other people to come as well and try to get fresh ideas to move forward. I joined the group because I wanted to have a say in what goes on in research and how to improve services. I've been through the entire mental health system and it's been very daunting and traumatic, being in hospital, not knowing when I'm getting out. I'd like to help people with the studies by being a role model and helping to talk on behalf of others that can't speak up for themselves.

Do you think there's one study subject that the HEER hasn't seen yet?

An area that I'd like to see is a study about people with schizophrenia/bipolar; they don't live as long as a "normal" population. Life expectancy is shorter than the "normal" population and I want some research going into that. I'm also really interested in personality disorders; I feel like people with personality disorders are put to the side. I'd like to see more research into interventions and effects of medication.

Another topic we need to be looking at is getting more service users involved from diverse backgrounds and underrepresented communities.

What future question would you like answered by someone in a future article?

It would be great if someone from the HEER Group could share their life story, where they are now and what they've been though in the past. Have they been through a traumatic time and has sharing their lived experience helped them improve? Instead of bottling it all up share it in a friendly environment (like the HEER Group). We should just value everybody's opinions and show respect.

Finally, what is your favourite cake?

When I've been in hospital, the NHS did a lovely pudding that I used to love - chocolate cake and hot chocolate sauce. I also liked the pink custard and Vienetta. It's not really cake but good. And Black Forest gateau... you never see it now...

Meet Alison Potts

Alison has been an active member of the group for some time and is in fact a bit of a "groupie", with links to other groups including the Service User Network (SUN), Leeds Involving People, Healthwatch, Everybody's Voice (service user/ carer reference group for University of Leeds Clinical Psychology Course) and Friends of the Earth. She has severe brain injury, sight loss and epilepsy and really enjoys being involved in research and volunteer work.

Tell us about the HEER Group, what is it really?

It's a group that basically helps to support research and the developments of research. We help to give a "service user" or experienced point of view into the proposals for research.

It is about having lots of different perspectives, inputs and experiences. No two people are the same, you can bring that element that nobody else can bring to a project, a decision or to a conversation. Your perspective is needed and that's the nice thing. The group gives space to different ideas and I feel like I've learnt a lot through it. We live in often chaotic times, so hopeful, progressive action, like being part of the HEER group, really helps, along with helping others.

How long have you been a member of the HEER group? And why?

I've been a member for a couple of years now. I decided to join because I've always been interested in research. Way way back, I got involved at Chapel Allerton Hospital, they do a lot of research in to joints and rheumatology and my mother was treated there. Also, I got involved with Diamonds, based in Bradford. My mum had schizophrenia and it was looking at that alongside other mental health conditions and diabetes. I've got bonkers long-term conditions as well so it was something where you feel that you would like to support it because you want development in medicine and healthcare to try and assist other people in the same kind of situations.

I felt a bit unsure about first linking in but got advice saying just give it a go and see what happens, you can't harm anything by being sat there.

What areas of mental health research particularly interest you?

Really if I'm utterly honest, everything including child mental health. I think we are increasingly aware that most people have stressful periods in their life; it's just that usual thing of scales and balances and the way it affects us. As we know there is cultural and social aspects as well. When my mother had schizophrenia (she was diagnosed about 40 or 50 years ago) there was a whole different culture and a whole different view around it. I think the developments are positive now, there's more awareness and more of a recognition of the effects of lifestyle.

It was very different when I was a child. it felt difficult to have a conversation with people. I didn't start school until after I was six because of the way that people were institutionalised and I was moved around. You got the stigma, the pain, as a child or carer or family member - people didn't want to go near you. It was a totally different atmosphere around it.

I would be interested to hear from anybody and everybody at the HEER group in terms of research. Due to my brain injury, I am relearning everything as life progresses so being able to have somebody present on any research is teaching me things that I don't know about but would like to know about.

Finally, what is your favourite cake?

I've been a vegan for 44 years yeah so I'll take any vegan cake, even pineapple.

Meet Rita Dawson

Rita Dawson is a member of the HEER group, which consists of a diverse group of laypeople who provide feedback and guidance to researchers on making their studies more accessible and understandable. She's been involved for 9 years, particularly interested in mental health issues, especially for older adults. Rita advocates for more research into how to better treat depression and anxiety in older people, emphasizing the barriers they face in accessing help and the stigma they may encounter. She also values the group's approach to making research less academic and more relatable to the public.

Tell us about the HEER Group, what is it really?

It's a group of lay people with an interest in research who provide advice and guidance to researchers about their research ideas.

The good thing about the group is that there are a range of age groups from different walks of lives with their own experiences to share. We can all input in our own way so you get a variety of opinions. You learn from other people, from their views and find out things you never thought of.

Usually one or two invited researchers come to present their research to us about what they're trying to do and get some feedback on that. They might also get ideas about other places they can go with their study to get further input and ideas. We get a range of people coming - e.g. PhD students to see if their idea is feasible and if translates to real life.

I think for researchers there are so many formal hoops for them to jump thorough, but every study needs to be accessible and understood by the people who are going to participate. Sometimes the research can be very academic or clinical and we're a bit baffled and need to unpick it. The group tries to understand exactly what they're trying to do. This might involve looking at the terminology or wordy phrases. I think that's where we come in – we bring it down to the public level.

If the public are taking part in the research, then they need to be on board with it. A group like this needs to be involved from conception really.

How long have you been a member of the HEER group? And why?

I've been a member for 9 years. When I retired I was looking for something different and interesting to do. Some other HEER members told me about the group so I came along; it was good to be able to observe a couple of meetings before joining to see what it was like. I've had mental health problems so I have a vested interest in this too.

The group felt useful and worthwhile and there was an end game which I liked - it wasn't just a nice chat for 2 hours - I felt like I could contribute meaningfully.

I like the way the meetings are run – it's business-like but there's an informality too; not heavy and it strikes the right balance of being enjoyable and interesting.

Do you think there's a study subject that the HEER hasn't seen yet?

I don't think there have been many glaring omissions, but we haven't seen much research in older people. With an ageing population and mental health affecting old people e.g. problems that loneliness brings such as depression and anxiety, I think there should be more research in this area.

I feel like there's not enough weight given to this group.

What areas of mental health research particularly interests you?

I'd like to see more research into the best way to treat old people with depression and anxiety. It would be good to see what's most effective at treating people e.g. one to one therapy or group therapy. I'm interested in looking at how to break down barriers and removing stigma for older people accessing help for mental health. It would be good to increase awareness and perhaps understanding of these issues.

I feel like it's harder for older people to access help and talk to other people about it e.g. it's different where younger people might use social media for support. It doesn't seem that it's a topic that's been talked about much.

Finally, what is your favourite cake?

This is an easy one - lemon drizzle. Every time!

If you are interested in getting into research at LYPFT, either as a researcher or a service user, please visit https://www.leedsandyorkpft.nhs.uk/research/

Eating Disorders Needing Inpatient Treatment (EDIP): 📌 Qualitative interviews exploring the Perspectives of Young People and Families.

Study design:

This study co-designed and conducted semi-structured interviews with young people with Eating Disorders and their parents/carers to better understand why some young people are referred to inpatient services.

13 interviews were conducted with young people and their families (7 parents, 6 young people).

7 themes were found:

The most prominent being **[1]'Preceding and Precipitating Factors', [2]'Start of Treatment Journey', [3]'Eating Disorder Symptoms', [4]'Impact', [5]'Community CAMHS Support', [6]'Hospital Admissions' and [7] 'Resilience'.**

These encompassed various significant subthemes.

Conclusions and key take aways:✨

Findings show missed early intervention opportunities due to young people not being considered "sick enough" by healthcare professionals. Barriers to accessing support, such as long waiting times and referral issues, can also increase the likelihood of needing inpatient referral and place additional pressure on caregivers.

Family-based therapy is the most frequently offered first-line treatment option, but its success is influenced by a range of factors. Eating disorder treatment for neurodiverse children requires tailored adaptations and better preparation for families. Acute hospital admissions are most often focused on physical stabilisation; however, enhanced staff training to address the complex psychological needs of eating disorder patients would likely improve their experience of acute hospital care.

Despite the direct impacts on families' well-being, they continued to show remarkable resilience and strength. The challenges faced by families highlight the importance of having young people and their families at the forefront of any changes made to the treatment journey.

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Sleeping Better

Many people have difficulties sleeping.

We are finding out whether a new 12-week talking therapy helps improve sleep, mood, and concentration.

Sleeping Better is for people who have sleep difficulties and also had or have other difficulties such as excessive mistrust or hearing voices.

It is for patients of Leeds and York Partnership NHS Foundation Trust. If you would like to find out more please get in touch.

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Sleeping Better
IRAS ID: 330747
Chief Investigator: Prof Daniel Freeman
Trial co-lead: Dr Felicity Waite

Version 1.0: 14/10/2025
Ethics reference: 24/YH/0018

Cross-sectional comparison of antipsychotic prescribing patterns between forensic and non-secure psychiatric inpatient units within the United Kingdom

Psychosis is a condition where people become out of touch with reality. This may lead them to experience unusual things or believe things that are not true. Medications known as antipsychotics are prescribed to treat psychosis. There are many different types of drugs, and these come in different forms. Mostly people take antipsychotics as a tablet, but sometimes they can be injected.

Some people do not respond to the first antipsychotic they are given. This sometimes results in prescribers recommending more than one antipsychotic at the same time. This is known as polypharmacy. There is little research that supports using more than one antipsychotic at the same time.

Forensic inpatient wards tend to have more people who do not respond to antipsychotics. Previous research has found that forensic wards have high rates of polypharmacy with antipsychotics. However, our study is the first to compare this to non-forensic wards to confirm if this is actually higher.

Our study looked at all adults admitted to three mental health trusts in Yorkshire. We included everyone admitted on a certain date in summer 2024. This included over a thousand people. Most were not admitted to a forensic unit. Around a third of people were admitted to a forensic ward. There were also lots of different types of wards that we accounted for. These included acute wards, rehabilitation wards, and wards for people with a learning disability.

We compared different types of wards to each other. We also compared how long people had been admitted to hospital. We did this to see if there were any patterns for people being prescribed multiple antipsychotics at the same time.

There was no significant difference between forensic wards and other wards in terms of people being prescribed more than one antipsychotic at the same time. In our study, around 1 in 9 people taking antipsychotics were prescribed more than one at the same time. This is a very high number. Clozapine may be a more effective medication for these people.

People on forensic wards were more likely to be prescribed clozapine, which is a drug used only when other antipsychotics have not worked. People on forensic wards were also more likely to be prescribed their antipsychotic as an injection. Finally, people on forensic wards were more likely to be prescribed very high doses of antipsychotic medication.

We also found a link between polypharmacy and people admitted for longer periods of time. People admitted to rehabilitation wards (often for longer durations) were also more likely to be prescribed clozapine.

We hope to do further research on this study. This would monitor people over a longer period of time during their admission. This would allow us to track changes in their medication over time. This would allow us to learn more about the link between being prescribed multiple antipsychotics and being admitted to hospital for long periods.

Dr James O'Neill

Debriefing after Restrictive InterVEntions (DRIVE-MH)

What should happen after a restrictive intervention? The answer depends on where you are

This paper is part of a wider study called DRIVE-MH, funded by the National Institute for Health and Care Research, which is looking at post-incident responses (debriefing) in mental health settings.

Sometimes staff on mental health wards have to hold someone down, lock them in a room or give them medication to calm them down. This is called a restrictive intervention. It can be scary and it can cause harm.

After this happens, there should be support for everyone involved. That includes the patient, the staff and anyone else who saw it. There should also be a conversation and what happened and why. This should help to stop it happening again.

The study looked at 98 policies from 46 NHS mental health trusts in England. The study team wanted to know what they said should happen after these incidents.

What we found was worrying. The rules are very different from place to place. Most do not tell staff clearly what to do or when to do it. The approaches some trusts use were designed for the military, not for mental health wards. Only six of the policies give patients a say in what happens to them afterwards.

This means the support someone gets can depend on which ward they are on. That is not good enough.

You can read more here:
https://rethinkingcare.substack.com/p/what-should-happen-after-a-restrictive
and here: https://onlinelibrary.wiley.com/doi/10.1111/jpm.70097

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Our minds are precious.

A clinical study for adults with Alzheimer's disease

Researchers for the MINDSET-2 Study are testing a capsule taken by mouth to see if it can safely help adults who have Alzheimer's disease preserve their memory and thinking skills as well as overall function.

The study is seeking adults who:

- Are 60 to 85 years of age.
- Have Alzheimer's disease.

Other criteria also apply.

Participants must also have a study partner (caregiver) come to visits and help with certain study activities.

Being in the study is your choice.

Together we can help others with Alzheimer's disease in the future.

To learn more, talk to your doctor or contact the study site.

Lisa Hackney- Clinical Studies Officer

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Bristol Myers Squibb

UPLIFT: Reaching, Listening and Learning with Refugee Mothers

About the Project

UPLIFT (Understanding Perinatal Mental Health Inequality in Refugees and Those Seeking Asylum) is a research project based at Leeds and York Partnership NHS Foundation Trust.

The project aims to improve understanding of the mental health challenges faced by asylum-seeking and refugee mothers during pregnancy and the postnatal period, and to inform more inclusive and accessible services.

UPLIFT is structured around three key workstreams:

- **Engage and Spread the Word** - using social media and community partnerships to raise awareness and connect with ASR mothers
- **Build, Learn and Share** - creating safe spaces for women to share experiences and inform research
- **Understand and Prioritise** - identifying key challenges and shaping future research and service improvements

Through collaboration with community organisations and direct engagement with mothers, UPLIFT places lived experience at the centre of its work, helping to ensure that future services are shaped by the voices of those who use them.

Starting with connection

We knew early on that many ASR mothers are often not reached through traditional services. Language barriers, unfamiliar systems, and previous experiences can all make accessing support difficult.

So instead of expecting people to come to us, we focused on meeting people where they already are.

Through our Me & Ma social media campaign, we created accessible and relatable content designed with mothers in mind. This included short mental health explainers, a podcast featuring a psychiatrist and an asylum-seeking mother sharing their journeys, and storytelling content that reflected real-life experiences.

We also explored more creative ways to engage. The Food Bank Challenge highlighted the reality of food insecurity by asking chefs to prepare meals using only food bank ingredients, with sparking conversations around dignity, culture, and wellbeing. At the same time, our Principal Investigator - George, took on the Spine Race, raising over £2,000 for refugee support and helping to bring visibility to the project and its aims.

Importantly, this work was not done alone. We built strong partnerships with organisations including Leeds Refugee Action, Refugee Action, Leeds City of Sanctuary, Leeds Playhouse, and local community cafés and support groups. These relationships were key to building trust and reaching communities in a meaningful and respectful way.

Making support easier to find

As we engaged with communities, one message came up again and again:

"I don't know where to go for help."

Many mothers described how difficult it was to navigate services, especially when information is spread across different organisations and platforms.

In response, we developed a website to bring everything together in one place, to make support easier to find.

The platform includes:

- Mental health information and project content
- Links to local community groups and peer support
- Guidance on accessing services
- Information on practical support, such as baby supplies

Creating space to be heard

The most powerful part of the project came through our focus groups with ASR mothers.

Working closely with our community partners, we held three sessions - all of which were oversubscribed. This highlighted a strong appetite for safe, supportive spaces where women could share their experiences.

We recognised that traditional focus group settings can feel formal and intimidating. To help break down these barriers, each session began with a wellbeing workshop, including simple self-care and pampering activities. This created a relaxed environment where participants could connect with each other before moving into discussion.

This approach made a noticeable difference. Conversations were open, honest, and deeply insightful.

Mothers spoke about a range of challenges affecting their perinatal mental health, including:

- Difficulties accessing mental health services
- Experiences with social services
- Housing instability
- Transport barriers
- Isolation and lack of support networks

At the same time, many participants spoke about the importance of connection - expressing a strong desire for ongoing groups and safe spaces where they can talk freely and support one another.

What we learned

One of the most important lessons from UPLIFT is that engagement needs to be actively enabled, not assumed.

We saw clearly that practical support, particularly transport and childcare has played a crucial role in whether women could attend and participate. When these were provided, engagement increased significantly.

This highlights the need for a more holistic approach to research with underserved communities. It is not enough to invite participation; we must also understand and address the barriers that may prevent it.

While this requires additional time and resources, it is essential for ensuring that research is inclusive and truly representative.

Looking ahead

UPLIFT has demonstrated the value of combining community partnerships, creative engagement, and co-production to better understand and address health inequalities.

Most importantly, it has reinforced that meaningful research starts with listening - and with creating spaces where people feel safe, valued, and heard.

The insights gained from this project will help shape future research and contribute to more accessible and inclusive perinatal mental health support for asylum-seeking and refugee mothers.

Funding & Academic Training

Course Name	Details	Provider	Cost & additional Information	Link
Masters for Research Delivery Leadership **(Formerly known as the Clinician Researcher Credentials Framework)**	Bursary applications for the Masters for Research Delivery Leadership are open! The MRDL is a national framework of masters-level qualifications designed to help experienced healthcare practitioners develop the skills, knowledge and confidence to lead and support clinical research studies. These flexible courses support health and care professionals to advance their research careers by gaining the qualifications and experience needed to step into leadership roles such as co-investigator and principal investigator. Registered health and care professionals can apply for up to 3 years of funding to complete a postgraduate certificate, postgraduate diploma or masters degree aligned with the MRDL. **Who can apply?** The bursaries are now open to all registered health and care professionals, including doctors, dentists and clinical research practitioners.	NIHR	**Application deadline:** **1st July 2026 (12:00pm)** **Please note:** You must have applied for a university course before applying for a bursary **Alternative funding** If you do not meet the eligibility criteria but are still interested in undertaking one of these courses, or would like to explore other opportunities you visit our other funding options page at: https://www.nihr.ac.uk/career-development/clinical-research-courses-and-support/masters-research-delivery-leadership/funding#tab-other-funding-options	https://script.google.com/a/macros/nhs.net/s/AKfycbzVUcTMB0Gl4ZeimBZXDFb2uNyNawb3N4a8rQzZGMKkheKEM5GRFGxdgLFAGzr6QcqjVQ/exec
Mental Health and Addiction **(MSc)**	This course will allow you to: Gain a robust understanding of the social, psychological and medical contexts of addiction and mental health practice Evaluate new and evolving practices, interventions and treatments within mental health and addiction services.	Leeds Beckett University	**Start date:** 21 September 2026 **Duration:** Full Time: 12 months Part-time: 24 months **Cost:** £9,830 (full time) Part-time tuition fees are calculated using credit points*. The tuition fee for students entering in 2026/27 is £54.61 per credit. The total number of credit points for this course is 180. *The fee you pay may differ based on the number of credit points you study.	https://www.leedsbeckett.ac.uk/courses/mental-health-addiction-msc/

Training and Networking

Course Name	Details	Provider
Approaches to Patient and Public Involvement (PPI)	Free recording of a webinar, to learn about PPI. Length: 60 min.	NIHR
Developing your research question	Recorded session from the NIHR Doctoral Training Camp 2024 which explores how to identify, develop and refine a good research question. Length: 30 min.	NIHR
Critical Appraisal - A Beginners Guide **Writing for Publication** **Health Literacy Awareness** **Searching Skills**	Training to support healthcare staff in Leeds to search online information resources effectively, critically appraise healthcare literature, and improve awareness of the health literacy needs amongst our patients.	Leeds Libraries for Health A Collaboration between library and other healthc in Leeds.

Course Name	Details	Provider	Cost & additional Information	Link
An introduction to the basic concepts of health economics evaluation	This course provides an introduction to the basic concepts of health economics evaluation. It is for anyone who needs to understand the principles of health economics and how or when they are used in evaluating the costs and benefits of healthcare interventions and particularly for those used in the UK health service. The course is interactive and includes practical exercises. On completion of the course participants will be able to understand health economic evaluation terminology, basic concepts and interpret aspects of a health economic evaluation. All participants receive a PDF course pack including useful tools and resources to use in health economic evaluations.	University of Southampton	**Fees for 2026:** • full time students: £175 • academic/public sector: £250 • private sector: £350	**For more information:** https://www.southampton.ac.uk/research/institutes-centres/southampton-health-technology-assessments-centre-shtac/introduction-0
Mental Health in Children and Young People **(MA)**	The MA Mental Health in Children and Young People focuses on the nature of mental health in educational and social care environments for children and young people, examining how mental health can impact on an individual. This is a practitioner-focused course that will equip you with the skills, knowledge and understanding to work in a multi-professional environment with individuals and families, with a focus on promoting and supporting positive mental health.	Leeds Trinity University	**Start date** September 2026 **Study Mode** Full-time (1 year) Part-time (2 years) **Location** Main Campus (Horsforth) **Fees** £7,000 per year This is the tuition fee for the full-time course; part-time fees are charged on a pro-rata basis.	https://www.leedstrinity.ac.uk/courses/postgraduate/mental-health-in-children-and-young-people/

Please contact the Research department if you are considering applying for the above as there is lots of support available

	Cost & additional Information	Link
	Free	https://www.youtube.com/watch?v=4-64PbZA0iQ
	Free.	https://www.youtube.com/watch?v=84RNro-1YG0
n - n the LYPFT are libraries	Free - A schedule of group courses delivered via MS Teams are offered throughout the year.	https://www.leedslibraries.nhs.uk/information-skills-training

Innovation is a newsletter for sharing and learning about research. This includes information about projects being carried out in your area. As such we welcome any articles or suggestions for future editions.

Actively shaping the future of Mental Health Care

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Job Ref: XX/XXXX July 2026

RESEARCH FORUM 2026

SAVE THE DATE

DATE: 08 OCTOBER 2026

LOCATION: SHINE, Leeds, LS8

Join us for an exciting event designed to celebrate the impact of research in healthcare!

The Research Forum will showcase the outcomes of the latest research conducted within our Trust and beyond. This event will bring together a diverse group of delegates, including Trust staff, academic professionals, NHS/NIHR staff, service users, carers, and families - everyone with a shared interest in improving healthcare through research.

What to expect:

- **Research Outcomes:** Hear about the latest findings from research that took place in the Trust.
- **Networking**: Connect with Trust staff, NHS professionals, researchers, service users, and others in the field.
- **Interactive Sessions:** Participate in discussions that could help you plan, design and share your research.
- **Poster presentations**: Encapsulating the various aspects of research.

FOR MORE INFORMATION VISIT: HTTPS://WWW.LEEDSANDYORKPFT.NHS.UK/RESEARCH/ABOUT-US/RESEARCH-FORUM/