



**Overcoming Challenges of Embedding Child and Youth
Mental Health Research in Community NHS Services**

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Viewpoint Paper: Overcoming Challenges of Embedding Child and Youth Mental Health Research in Community NHS Services

Structured abstract

Purpose – This paper examines the barriers and facilitators of conducting and implementing research in frontline child and youth mental health settings in the UK.

Design/methodology/approach – Researchers, clinicians, and commissioners who attended a workshop at the Big *Emerging Minds* Summit in October 2022 provided their expert views on the structural barriers and possible solutions to integrating research in clinical practice based on their experiences of child and young people mental health research.

Findings – The identified barriers encompass resource constraints, administrative burdens, and misalignment of research priorities, necessitating concerted efforts to foster a research-supportive culture. This paper proposes the potential actionable solutions aimed at overcoming challenges, which are likely applicable across various other healthcare systems and frontline NHS services. Solutions include ways to bridge the gap between research and practice, changing perceptions of research, inclusive engagement and collaboration, streamlining ethics processes, empowering observational research, and tailored communication strategies. Case examples are outlined to substantiate the themes presented and highlight successful research initiatives within NHS Trusts.

Originality/value – This paper provides an insight into the views of stakeholders in child and youth mental health. The themes will hopefully support and influence clinicians and academics to come together to improve the integration of research into clinical practice with the hope of improving service provision and outcomes for our children and young people.

Other information:

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Introduction

The need to increase research capacity in children and young people's mental health has never been more important. Mental health disorders account for at least 21% of the UK disease burden (Vigo *et al.*, 2016) and yet, in the UK, only 6.1% of the national spend on health research goes on mental health (UK Clinical Research Collaboration, 2020). It is particularly concerning that of this spend, less than 30% is focussed on the mental health of children and young people (MQ Mental Health Research, 2021) and this despite 75% of all mental health disorders developing by the age of 24 (Kessler *et al.*, 2005). One in six of children aged 7-16 and one in four young people aged 17-19 have a probable mental health disorder (NHS Digital, 2022), and child and youth mental health services are under more pressure than ever in the aftermath of the Covid-19 pandemic (Care Quality Commission, 2022; Huang and Ougrin, 2021). The shared agenda for UK mental health research set out by (Wykes *et al.*, 2021) includes research to "halve the number of children and young people experiencing persistent mental health problems" as one of four key priorities for the decade. The authors highlight the importance of this goal, both for the immediate benefits to young people and their families, and for reducing the future burden of adult mental ill-health.

The link between clinical research and improvements in service provision and patient outcomes is clear (National Institute for Health and Care Excellence, 2022). In the UK, the value of clinical research is written into the NHS Constitution. As outlined in Principle 3, the NHS commits to uphold the utmost standards of excellence in the conduct and utilisation of research, to inform evidence-based practices and improve healthcare outcomes (Department for Health and Social Care, 2023). The NHS also pledges "to support research and improve care for others" and inform potentially eligible patients of research studies (Department for Health and Social Care, 2023). Clinical research has also become a policy priority, with the recent Health and Care Act (2022) giving Integrated Care Boards (ICBs) (the bodies which have taken on the NHS planning functions previously held by clinical commissioning groups) legal responsibility for the facilitation and progress of health service-related research in England. National bodies now agree that "research is everybody's business" (Royal College of Physicians and National Institute of Health and Care Research, 2022). What remains less clear is how well this commitment to embedding research and implementing evidence-based practice is actually being enacted and, crucially, sustained in frontline community settings.

Since publication of the Framework for Mental Health Research (Department of Health, 2017), there has been increased recognition of the barriers to conducting and implementing mental health research, particularly within children and young people (CYP) services (*Emerging Minds*, 2023a). When frontline services are overstretched and under-resourced, there can be pressure to sideline research in order to prioritise service delivery (Higgins *et al.*, 2010). This may be a particular problem in overstretched community CYP mental health services (Huang and Ougrin, 2021). Clarke and Barwick (2021) acknowledge these challenges, and advocate for collective action and underscore the significance of identifying barriers and facilitators to integrating and implementing research in these settings. They argue that action is needed to improve the uptake of evidence-based treatments in the domain of CYP mental health. Further research has recognised barriers and facilitators to the implementation of research across CYP mental health and called for researchers,

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3 commissioners, funders, and practitioners to work together to improve outcomes
4 (Peters-Corbett et al., 2023). It seems then that there is a clear need for the health service and
5 supporting organisations to establish research processes and practices that are seamlessly
6 aligned with frontline CYP clinical services.
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9 Numerous children and young people's mental health service and academic
10 stakeholders are positively interested in understanding the challenges faced by researchers,
11 clinicians, and commissioners in conducting and implementing CYP mental health research
12 and ways to overcome them. *Emerging Minds* was a research network funded by UK
13 Research and Innovation (UKRI) between 2018 and 2022. The work of the network
14 culminated in 'The Big *Emerging Minds* Summit' in Oxford, England which attracted over
15 300 delegates in October 2022 to share their experiences of children and young people's
16 mental health research (*Emerging Minds*, 2023b). The Summit was structured around the four
17 'Research Challenges' that underpinned all funded *Emerging Minds* activities: (1) promoting
18 implementation of research findings, (2) amplifying the voices of young people and changing
19 societal attitudes, (3) empowering family members, friends, and schools to promote young
20 people's mental health, and (4) meeting the needs of young people with complex or
21 intersecting needs. Associated projects focused on facilitating the integration and translation
22 of research and evidence into practice (*Emerging Minds*, 2023c).
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26 The Summit included 24 workshops, each related to one or more of the *Emerging*
27 *Minds* Research Challenges. Five authors of the current viewpoint (FW, AB, BG, JW & TC)
28 co-facilitated a workshop titled 'Children and young people's mental health research in the
29 real-world: how to overcome the practical challenges' (*Emerging Minds*, 2023d). The
30 workshop focused on sharing direct experiences of the challenges of conducting research in
31 frontline child and youth mental health settings and sharing learning to identify possible
32 solutions. The workshop brought together various stakeholders, including researchers seeking
33 access to clinical populations to enhance the impact of their work, as well as clinicians with a
34 desire to contribute to the evidence base and share practice-based evidence. Attendees at the
35 workshop were asked about the challenges they encounter in conducting research pertaining
36 to the mental health of children and young individuals within real-world community settings.
37 The workshop also elicited discussion for the possible solutions to the identified barriers. The
38 workshop was also attended by author EC, who took detailed notes during the session to
39 capture the key points discussed, with the author GT leading the write up of this viewpoint
40 piece.
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44 This paper outlines the views of the academics, clinicians, and commissioners who
45 attended the workshop to report on the barriers and facilitators to conducting mental health
46 research with children and young people in community settings (see Table 1). Whilst the
47 attendees were all from the UK context, the identified themes may resonate beyond these
48 settings and echo internationally across other frontline services and healthcare systems with
49 implications for research advancement. We have also incorporated brief case examples to
50 substantiate the themes presented here. These real-world instances are employed as evidence
51 to illustrate and support the views, themes, and recommendations outlined in the paper.
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55 **Barriers to Research in Frontline Settings**

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57 As noted above, research has a pivotal role to play in advancing evidence-based
58 practices and enhancing outcomes for children and young people. Nevertheless, the
59 integration of research with practice is far from seamless. It is clear that there is an array of
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3 challenges that hinders scientific progress and the successful implementation of existing
4 evidence-based interventions and practices. In what follows, we outline the prominent
5 barriers to research in frontline settings as reported by the clinicians and academics who
6 attended our workshop. Understanding these barriers is essential for formulating targeted
7 strategies to foster a more research-oriented culture, to develop research based on clinical
8 observations or problems, and to drive positive transformations in healthcare delivery.
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10 11 ***Insufficient Infrastructure and Capacity for Research*** 12

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14 Research is often seen as an extra burden without adequate organisational support,
15 resources, or leadership. The lack of dedicated time in job plans prevents clinicians from
16 engaging in research activities, causing research to be overshadowed during high-demand
17 periods. This leads to the discontinuation of promising projects and further knowledge gaps,
18 ultimately restricting possibilities for future service improvements and preventing potential
19 solutions to support services in times of high demand.
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21
22 Many NHS trusts and services lack experience in supporting mental health research
23 and struggle to balance the need for research with demand for clinical services while
24 operating under significant financial constraints. Research delivery support is available from
25 the National Institute for Health and Care Research (NIHR) and the Clinical Research
26 Network (CRN), but awareness of this support among clinicians is often limited. The absence
27 of, or limited resources for, research and development compound the difficulties faced by
28 researchers and clinicians, leading many to pursue research in their own time. This may lead
29 to staff burn-out or dissatisfaction at work if they are not supported to complete such
30 activities within working hours or job plans.
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32 33 ***Attrition of Research-Involved Staff*** 34

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36 As clinical responsibilities increase, staff attrition poses a significant challenge to
37 research continuity. This may be as a result of staff having to give up research activities
38 which they might find a fulfilling part of their role. Research teams and dedicated research
39 staff can also diminish as clinicians might be needed to fill service gaps. Recruiting
40 replacement staff becomes challenging due to widely recognised health service recruitment
41 and resourcing difficulties and there is a high likelihood that new staff might not be as
42 research active as their predecessors.
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44 45 ***Ethical Approval and Administrative Burdens*** 46

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48 Obtaining ethical approval is time-consuming and burdensome for staff seeking to
49 conduct research, resulting in project delays. Likewise, a substantial amount of effort is
50 required to initiate a project, encompassing various administrative tasks, such as composing
51 participation information sheets. These are skilled tasks that require both time and experience
52 or mentoring. These issues conspire to hamper the primary focus on research activities or
53 restrict the scope of attainable research endeavours to smaller service development projects or
54 quality improvement initiatives. Consequently, there is a profound sense of missed
55 opportunity when research findings are not disseminated more broadly or fed back into the
56 clinical system, leading to an inability to contribute to filling the existing knowledge gap and
57 improving services.
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59 60 ***Limitations in Engagement and Collaboration***

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3 Engaging external organisations and promoting inclusivity in research are arduous
4 tasks, as establishing productive collaborations takes significant time and effort. Language,
5 including technical language, is an additional barrier for inclusivity within research which
6 further hinders effective communication and collaboration.
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8 9 ***Misalignment of Research Goals***

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11 Researchers, clinicians, and stakeholders may enter service settings with different
12 research priorities which have the potential to neglect the specific needs of frontline services.
13 The misalignment of research goals with frontline service delivery may hamper the relevance
14 and applicability of research findings to clinical practice. Similarly, imposing research
15 interventions on services where there is not a natural fit can lead to frustration.
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17 18 ***Timing of Patient and Public Involvement and Engagement***

19
20 The quality and ethical integrity of Patient and Public Involvement and Engagement
21 (PPIE) practices and processes with children, young people, and their parents/carers is
22 variable across organisations and settings. PPIE can be tokenistic and often occurs late in the
23 research process, leading to the exclusion of critical perspectives and limiting the impact of
24 research findings. Consulting with both patients and frontline staff early is vital to enhance
25 the meaningfulness and implementation potential of research.
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28 29 **NHS Child and Adolescent Mental Health Services (CAMHS)** 30 **Example: Recognising Systemic Barriers to Conducting Research**

31
32 We are an early-intervention community CAMHS team in a diverse
33 southern urban area. We have a strong commitment to social justice so are
34 always looking for ways to ensure our care is equally accessible for
35 families and meets their needs in relation to race, ethnicity, spirituality, and
36 language. We set out to investigate whether our early intervention and
37 prevention work for children under five reaches all communities equally,
38 however we quickly discovered that the way services collect ethnicity data
39 in routine clinical practice made this question difficult to answer, as large
40 cultural and ethnic groups in our community were obscured by the
41 categories used. We therefore changed the focus of our research and
42 decided to explore what our local community wants us to understand about
43 their ethnicity, and how they want us to ask them about this. Our intention
44 is then to shape our data collection processes from the bottom up and
45 integrate these important conversations into clinical care. One of the key
46 challenges we encountered is that our job roles as clinicians did not include
47 time for research, so tasks, such as writing proposals and developing
48 research questions had to be fitted in small gaps as clinical work allowed.
49 In the context of increased demand for CAMHS services and long waiting
50 lists, it has been very difficult to find both the time and mental space to give
51 these tasks focussed attention. We are collaborating with key stakeholders
52 in our organisation to think about who is going to carry out the research,
53 and how their time is going to be funded. Without much history of setting
54 up research in our team, we found ourselves unsure where to start, so
55 reached out to our trust's research team and the *Emerging Minds* Research
56 Network for advice.
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3 The barriers to integrating and conducting research in the health service encompass
4 contextual challenges, resource constraints, administrative burdens, and misalignment of
5 research priorities. Overcoming these barriers requires concerted efforts to foster a research-
6 supportive culture, prioritise research engagement, allocate resources, and facilitate
7 collaboration between frontline staff and researchers.
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10 **Facilitators of Research in Frontline Settings**

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12 Fostering a robust research culture within the health service requires recognising the
13 crucial role of contextual facilitators that encourage and promote research activity. Within the
14 subsequent section, we outline the contextual facilitators as identified by workshop
15 participants, with a focus on actionable solutions that may overcome the barriers explored
16 above. What seems to be fundamental is the need to create a culture of research, where the
17 translation of knowledge to tangible improvements in service delivery is valued and
18 prioritised at all levels. Similarly, while the discussion centres on child and youth mental
19 health settings, the proposed solutions possess the versatility to be applied across various
20 other frontline health services.
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23 ***Bridging the Gap between Research and Practice***

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25 Bridging the gap between research and practice is a crucial component of removing
26 systemic barriers. Ways to bridge this gap involve ensuring clinicians and commissioners are
27 informed about the latest research findings and provided with necessary support to apply the
28 evidence-based practices to their specific patient populations, so that patient outcomes can be
29 improved. Disseminating research findings in an accessible and practical manner that
30 clinicians can easily adopt is also essential to facilitate this gap. This can be via traditional
31 methods (e.g., research presentations) or more innovative or bite-sized summaries. Targeting
32 the focus to a clinical audience is important to encourage engagement. Creating protected
33 clinical-academic roles and career pathways to facilitate ways to bridge the gap and
34 understand both worlds is also important.
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38 ***Changing Perceptions of Research***

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40 To create a research-supportive culture, perceptions of research should be transformed
41 and improved within the clinical staff. Research should be viewed as a valuable asset that
42 offers insights and solutions to improve clinical practice rather than an additional burden.
43 Senior leaders must value the contribution it brings and work with clinical staff, patients, and
44 academics to demonstrate the benefits of research and provide examples. Research should be
45 integral to clinical models of delivery and a routine part of service discussions. Research can
46 help answer clinical concerns, priorities, gaps, and questions where there might not yet be an
47 answer, this needs to be understood and valued across services.
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51 ***Inclusive Engagement and Collaboration***

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53 Collaboration with local organisations that have strong links with the community and
54 service users can enhance inclusivity in research. Collaborating with such organisations
55 fosters the participation of diverse populations to ensure research addresses their respective
56 needs and concerns. Having such strong community links helps to support the wider system
57 by including them and fosters a broader understanding of the problems and solutions to be
58 considered and developed.
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UK Academic Example, Dr Eleanor Chatburn, University of East Anglia: Building Reciprocal Relationships with Frontline Provider Organisations

As a university-based youth mental health researcher, I have found that it is vital to build collaborative relationships with provider organisations and clinicians (in the NHS and in the third sector) to realise my research goals. It can be challenging for early career researchers (ECR) to build these links from scratch, and I have heard examples of ECR colleagues who discovered too late of provider organisations who wanted an academic collaborator on a new initiative but did not know how to find someone with a research interest in their area. Finding the best clinical collaborators has been a challenge, but I have valued recent work by the NIHR Mental Health Research Incubator which has created a UK-wide [mental health research community map](#) where any researcher can register their location and research interests to facilitate new collaborations. In shaping my own new programmes of research, I have found that these relationships take time to establish and that it helps first to invest in building goodwill with busy provider organisations. For example, I very much enjoy mentoring frontline clinicians who want to run small research projects and supervising clinical trainees on their service evaluation projects. I have found that these reciprocal collaborations have strengthened my relationships with these services and enabled me to have more productive conversations with them about the value of research, which in turn has created space for exploring larger collaborations.

Streamlining Ethics Processes

An efficient and expedient ethical approval process is vital to support research initiatives. Establishing a centralised, one-stop-shop for ethics application across multiple NHS trusts reduces administrative burdens and enhances research efficiency.

Empowering Observational and Qualitative Research

The value of observational research in real-world settings is often overlooked. Observational studies can yield valuable insights and complement traditional randomised controlled trials. Similarly, qualitative research tends to be seen as second best rather than offering valuable understanding to be gained. Ideally meaningful research requires an understanding of a range of methodologies in order to understand, refine and then test new approaches or ways of working. They also ensure that research findings remain applicable in real world settings.

Tailored Communication Strategies

Effective communication of research findings requires the expertise of communication and media specialists. Tailoring messages to different target audiences ensures broader dissemination of research knowledge to both professionals and communities.

Engaging Decision Makers

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3 Engagement with decision-makers, especially commissioners, early in the research
4 process is vital. Understanding the stakeholders' priorities and questions to be addressed
5 enhances the relevance and impact of research. Research co-applicants and clinical academics
6 from within the system can also provide leverage in gaining support and resources. Being
7 clear about what is known and what is not known before embarking on new interventions and
8 services and using research methods to improve system understanding should result in more
9 appropriate commissioning and approaches to addressing mental health difficulties.
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12 ***Programme Oversight and Dissemination***

14 Establishing a programme oversight board can facilitate strategic planning, resource
15 allocation, and support for research initiatives. This would help to identify clinical
16 issues/needs that could be addressed through research and allow governance and oversight to
17 develop and or implement research to address such clinical issues and needs. Moreover,
18 dissemination efforts should extend beyond academic papers to reach various stakeholders
19 and communities to ensure broader awareness and utilisation of research findings.
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23 **NHS Mental Health Trust Example: Integrating Research into Clinical 24 Services**

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26 Our specialist mental health trust, Norfolk and Suffolk NHS Foundation
27 Trust (NSFT), values the integration of research in clinical practice. We
28 collaborate closely with clinical services, working with clinicians,
29 commissioners, leaders, and young people to identify clinical priorities and
30 gaps in service provision. In response, we work with children and young
31 people's mental health academics locally, nationally, and internationally to
32 embed research projects and trials that we feel will improve our service
33 offer and provide opportunities to young people, their families, and our
34 services. We take the approach that all children and young people have the
35 right to be aware of relevant research opportunities and to decide whether
36 they would like to participate. We have found that providing such
37 opportunities also helps services to develop.
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42 In addition to delivering National portfolio studies, NSFT has developed a
43 unique "research development team". The team, made up of
44 multidisciplinary clinical academics supported by post-doctoral research
45 associates and assistant psychologists, was established in 2015/16 with the
46 aim of growing the Trust's research capacity. This was initially funded by
47 the Trust through pump priming money but is now a self-sustaining and
48 growing department, generating income through research grants and NIHR
49 Research Capability Funding. Split initially into youth, adult and older
50 people's themes, the strands of work have expanded over the past three
51 years to include health inequalities and implementation science. The team
52 have developed specialist expertise in writing grant applications using
53 increasingly complex methodologies to address core clinical questions.
54 Service user and clinical staff input is considered critical from the start,
55 leading to an authenticity in the work; often the initial ideas stem from
56 service users or clinicians. The team have been extremely successful at
57 securing NIHR and other grant funding.
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3 Our research development team can support services and local families by
4 a) working closely with our library colleagues to conduct literature and
5 evidence reviews to inform services of latest evidence that they might
6 benefit from implementing as part of the clinical service offer, b)
7 supporting high quality evaluations using robust methodologies, or c)
8 working with local, national and international clinicians and academics to
9 develop interventions or care pathways and evaluate these with the
10 intention of implementing them into local services and informing provision
11 wider than our local footprint. Often this work leads directly to funded
12 research projects. We also have integrated roles within clinical services that
13 aim to implement research evidence into practice using implementation
14 science principles. This has ensured that frontline clinicians, leaders, and
15 commissioners are integrating the latest and emerging evidence-based
16 practice to improve service provision. Using this approach has allowed
17 frontline clinicians to develop into clinical academics with tangible
18 improvements to the quality of clinical services.
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23 **Implications and Recommendations**

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25 The identification of similar barriers and facilitators by our workshop attendees to
26 those delineated in the Framework for Mental Health Research (Department of Health, 2017)
27 comes as no surprise. Many of the barriers identified in the workshop represent long-standing
28 challenges as opposed to recently emerged issues. Progress has been made in many of these
29 areas, for instance efforts have been made to support research capacity and develop research
30 infrastructure. Examples include the work of the NIHR Applied Research Collaboratives
31 (NIHR, 2019) to build local collaborations between NHS providers, universities, charities,
32 and local authorities. The *Emerging Minds* initiative itself was one of eight networks funded
33 by UKRI to foster cross-disciplinary mental health research collaboration. Four of the eight
34 networks focused on children and young people's mental health, reflecting recognition of the
35 pressing need to develop research infrastructure in this area, and much was undoubtedly
36 achieved by these networks. However, competing priorities, limited funding and
37 organisational inertia have sometimes slowed progress towards overcoming research barriers.
38 Further, some of the progress made to-date risks being undermined by the increasing
39 pressures faced by clinical services struggling to respond to growing demand for mental
40 health support from children and young people in the context of COVID-19 (Creswell,
41 2023).
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46 Common themes within both the national guidance and the perspectives of workshop
47 participants are the need to enhance research infrastructure, to cultivate organisational
48 research capacity, and to champion the benefit of research activity to improving patient
49 outcomes and service delivery with all stakeholders. The call to improve the implementation
50 of evidence in children and young people's mental health services also echoes the findings of
51 the *Emerging Minds*-funded 'Bridging the Gap' project. This project's findings highlighted the
52 importance of bringing stakeholders together across disciplines to consider how best to
53 optimise implementation of research findings from the early stages of research development
54 through to delivery and dissemination (Bear, 2022). The call to improve how patient and
55 public involvement and engagement (PPIE) is conducted within the field of CYP mental
56 health research is also not new. Many commentators have noted limitations with current PPIE
57 practices, including tokenism, starting consultation too late in the research development
58 process, challenges of involving younger children, and the difference between more passive
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3 consultation-based models and models of meaningful youth co-production such as the PPI
4 Youth Café (Ashton, 2017; Sales *et al.*, 2021; Thomson *et al.*, 2022).
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7 In order to realise the vision of “research being everyone’s business” in child and
8 youth mental health services, it is clear that priority must be given to the role and value of
9 research within clinical services. Helping service managers and organisations to see the
10 benefit of embedding research activity, such as aiding retention of motivated staff, is key.
11 Workshop participants told us that all too often clinical services delegate projects to
12 enthusiastic and capable staff who are on short term contracts or training placements. Not
13 only does this lead to projects failing because they are not implemented or sustained in the
14 longer term, the ability within the wider team or service to retain research knowledge is lost
15 when staff move on to other roles. To truly value the process of embedding research in
16 clinical practice requires a degree of realism about the time and resources needed to develop
17 and undertake research, combined with a substantiated commitment to building a culture of
18 research across whole teams and service. University-based academics also need to be realistic
19 and have an understanding of current clinical service models, pressures, and capacity to enact
20 and sustain change when developing new research projects. It is only through working
21 together to creatively solve health issues that we can increase the possibility of making
22 lasting change.
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26 The systemic barriers that we have outlined in this paper may seem substantial, but it
27 is also important to recognise the level of passion for clinically relevant research felt by many
28 clinicians and academics, and it was clear from our workshop that there is a real desire to
29 make change happen. There is valuable learning emerging from the frontline on what does
30 work and how research activity can be facilitated, and it is important that we can learn from
31 these lessons collectively. We therefore offer up our key recommendations (see Table 2) for
32 concrete actions that can be taken by stakeholders at all levels of the health system. The
33 journey of the Norfolk and Suffolk NHS Foundation Trust research development team may
34 also serve as an exemplar for how successful research initiatives can be undertaken within
35 frontline statutory health settings when collaboration, streamlined processes, effective
36 dissemination, and early implementation planning are prioritised.
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40 We believe then, that it is only through a coming together of clinicians, academics,
41 clinical academics, service managers, policymakers, and commissioners that we can develop
42 shared solutions for enhancing the integration of research and evidence into frontline
43 practice. Furthermore, it is vital that this work takes place within a meaningful process of
44 consultation and involvement of children, young people, and their parents/carers, but which
45 will not be possible without better PPIE infrastructure, training, and investment.
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48 **Conclusion**

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50 In conclusion, this paper sheds light on the critical importance of embedding child and
51 youth mental health research in real-world community settings to develop and implement
52 evidence-based interventions for the benefit of all. This paper emphasises the significance of
53 aligning research processes with frontline clinical services which is outlined by the principles
54 of the NHS Constitution and The Health and Care Act 2022. By exploring the views from
55 stakeholders at the Big *Emerging Minds* Summit, barriers such as insufficient research
56 infrastructure, attrition of research-involved staff, ethical approval challenges, limitations in
57 engagement and collaboration, and misalignment of research goals, are identified and urge
58 the need for targeted strategies to foster a research-oriented culture within the NHS.
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3 However, facilitators do exist, including bridging the gap between research and practice,
4 changing perceptions of research, inclusive engagement and collaboration, streamlining
5 ethics processes, empowering observational research, tailored communication strategies,
6 engaging decision-makers, and effective program oversight and dissemination, offer
7 actionable solutions to overcome challenges and drive positive transformations in healthcare
8 delivery. The case examples provided demonstrate successful integration of research into
9 clinical services, further exemplifying the tangible impact of research in enhancing service
10 provision and advancing clinical academics. Concerted efforts to address barriers and
11 leverage facilitators are essential for promoting child and youth mental health research within
12 real-world clinical settings, thus ensuring the provision of evidence-based care and improving
13 healthcare outcomes for this population.
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References

Ashton, J. (2017), “Public involvement in public health research”, *Journal of Public Mental Health*, Emerald Publishing Limited, Vol. 16 No. 3, pp. 123–126, doi: 10.1108/JPMH-03-2017-0012.

Bear, H. 2022. “Bridging the gap: Optimising Implementation of Evidence in Children and Young People’s Mental Health”, *Emerging Minds*, available at <https://emergingminds.org.uk/bridging-the-gap-optimising-implementation-of-evidence-in-children-and-young-peoples-mental-health/>

Care Quality Commission. (2022), “Effects of the Pandemic Continue to Add Pressures on Mental Health Services, Worsening Access to Care and Longstanding Inequalities”, available at [https://www.cqc.org.uk/news/releases/effects-pandemic-continue-add-pressures-mental-health-services-worsening-access-care#:~:text=and%20longstanding%20inequalities-.Effects%20of%20the%20pandemic%20continue%20to%20add%20pressures%20on%20mental,to%20care%20and%20longstanding%20inequalities&text=The%20Care%20Quality%20Commission%20\(CQC,and%20the%20people%20using%20them](https://www.cqc.org.uk/news/releases/effects-pandemic-continue-add-pressures-mental-health-services-worsening-access-care#:~:text=and%20longstanding%20inequalities-.Effects%20of%20the%20pandemic%20continue%20to%20add%20pressures%20on%20mental,to%20care%20and%20longstanding%20inequalities&text=The%20Care%20Quality%20Commission%20(CQC,and%20the%20people%20using%20them) (accessed 19 October 2023).

Clarke, T. and Barwick, M. (2021), “Editorial perspective: A call to collective action – improving the implementation of evidence in children and young people’s mental health”, *Child and Adolescent Mental Health*, Vol. 26 No. 1, pp. 73–75, doi: 10.1111/camh.12447.

Creswell, C. (2023). “Editorial Perspective: Rapid responses to understand and address children and young people’s mental health in the context of COVID-19”. *Journal of Child Psychology and Psychiatry*, 64(1), 209-211, doi: 10.1111/jcpp.13626.

Department for Health and Social Care. (2023), “The NHS Constitution for England”, available at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> (accessed 19 October 2023).

Department of Health. (2017), “A Framework for Mental Health Research”, available at <https://www.gov.uk/government/publications/a-framework-for-mental-health-research> (accessed 19 October 2023).

Emerging Minds. (2023a), “Research challenges for children & young people’s mental health”, *Emerging Minds*, available at https://emergingminds.org.uk/wp-content/uploads/2023/05/EM_Research_Challenge_Report.pdf (accessed 19 October 2023).

Emerging Minds. (2023b), “The Emerging Minds Network Impact Report”, *Emerging Minds*, available at https://emergingminds.org.uk/wp-content/uploads/2023/08/Emerging_Minds_Impact_Report.pdf (accessed 19 October 2023).

Emerging Minds. (2023c), “Emerging Minds: Action for child mental health”, *Emerging Minds*, available at: <https://emergingminds.org.uk/about-us/> (accessed 19 October 2023).

Emerging Minds. (2023d), “The Big Emerging Minds Summit, Workshop: Children and young people’s mental health research in the real-world: how to overcome the practical challenges”, *Emerging Minds*, available at <https://emergingminds.org.uk/workshop-children-and-young-peoples-mental-health-research-in-the-real-world-how-to-overcome-the-practical-challenges/> (accessed 19 October 2023).

1
2
3 *Health and Care Act.* (2022), C.31. <https://www.legislation.gov.uk/ukpga/2022/31/contents/>
4 (accessed 19 October 2023).
5

6 Higgins, I., Parker, V., Keatinge, D., Giles, M., Winskill, R., Guest, E., Kepreotes, E., *et al.*
7 (2010), “Doing clinical research: The challenges and benefits”, *Contemporary Nurse*,
8 Routledge, Vol. 35 No. 2, pp. 171–181, doi: 10.5172/conu.2010.35.2.171.
9

10 Huang, H.C.-H. and Ougrin, D. (2021), “Impact of the COVID-19 pandemic on child and
11 adolescent mental health services”, *BJPsych Open*, Vol. 7 No. 5, p. e145, doi:
12 10.1192/bjo.2021.976.
13

14 Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005).
15 Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National
16 Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593-602.
17

18 *MQ Mental Health Research.* (2021), "Scary Youth Mental Health Stats", available at
19 <https://www.mqmentalhealth.org/young-people-mental-health-statistics/> (accessed 19
20 October 2023).
21

22 *NIHR.* (2019), “New NIHR Applied Research Collaborations to tackle the biggest challenges
23 faced by the health and care system”, available at [https://www.nihr.ac.uk/news/new-nihr-
24 applied-research-collaborations-to-tackle-the-biggest-challenges-faced-by-the-health-and-
25 care-system/21373](https://www.nihr.ac.uk/news/new-nihr-applied-research-collaborations-to-tackle-the-biggest-challenges-faced-by-the-health-and-care-system/21373) (accessed 19 October 2023).
26

27 *National Institute for Health and Care Excellence.* (2022), “Embedding a Research Culture”,
28 available at [https://www.nihr.ac.uk/health-and-care-professionals/engagement-and-
29 participation-in-research/embedding-a-research-culture.htm](https://www.nihr.ac.uk/health-and-care-professionals/engagement-and-participation-in-research/embedding-a-research-culture.htm) (accessed 19 October 2023).
30

31 *NHS Digital.* (2022), “Mental Health of Children and Young People in England 2022 - Wave
32 3 Follow up to the 2017 Survey”, available at [https://digital.nhs.uk/data-and-
33 information/publications/statistical/mental-health-of-children-and-young-people-in-
34 england/2022-follow-up-to-the-2017-survey](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey) (accessed 19 October 2023).
35

36 Peters-Corbett, A., Parke, S., Bear, H., & Clarke, T. (2023). “Barriers and facilitators of
37 implementation of evidence-based interventions in children and young people’s mental health
38 care—a systematic review”. *Child and Adolescent Mental Health*. Online version ahead of
39 print available at <https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/camh.12672>.
40

41 *Royal College of Physicians and National Institute of Health and Care Research.* (2022), *RCP
42 NIHR Position Statement: Making Research Everybody’s Business*.
43

44 Sales, C.M.D., Martins, F., Alves, M.M., Carletto, S., Conejo-Cerón, S., da Silva, L.C., Čuš,
45 A., *et al.* (2021), “Patient and Public Involvement in Youth Mental Health Research: Protocol
46 for a Systematic Review of Practices and Impact”, *Frontiers in Psychology*, Vol. 12, p.
47 703624, doi: 10.3389/fpsyg.2021.703624.
48

49 Thomson, A., Peasgood, E. and Robertson, S. (2022), “The Youth Patient and Public
50 Involvement Café—A youth-led model for meaningful involvement with children and young
51 people”, *Health Expectations*, Vol. 25 No. 6, pp. 2893–2901, doi: 10.1111/hex.13597.
52
53
54
55
56
57
58
59
60

1
2
3 UK Clinical Research Collaboration. (2020), “UK Health Research Analysis 2018”,
4 available at [https://hrcsonline.net/wp-content/uploads/2020/01/UK-Health-Research-](https://hrcsonline.net/wp-content/uploads/2020/01/UK-Health-Research-Analysis-2018-for-web-v1-28Jan2020.pdf)
5 [Analysis-2018-for-web-v1-28Jan2020.pdf](https://hrcsonline.net/wp-content/uploads/2020/01/UK-Health-Research-Analysis-2018-for-web-v1-28Jan2020.pdf) (accessed 19 October 2023).
6

7
8 Vigo, D., Thornicroft, G. and Atun, R. (2016), “Estimating the true global burden of mental
9 illness”, *The Lancet. Psychiatry*, Vol. 3 No. 2, pp. 171–178, doi: 10.1016/S2215-
10 0366(15)00505-2.
11

12 Wykes, T., Bell, A., Carr, S., Coldham, T., Gilbody, S., Hotopf, M., ... & Creswell, C. (2021).
13 “Shared goals for mental health research: what, why and when for the 2020s”. *Journal of*
14 *Mental Health*, 1-9. DOI: 10.1080/09638237.2021.1898552
15
16
17
18
19
20
21
22

23 Further Reading

24
25 *Emerging Minds*. (2023), “ Research challenges for children & young people’s mental
26 health”, *Emerging Minds*, available at [https://emergingminds.org.uk/wp-](https://emergingminds.org.uk/wp-content/uploads/2023/05/EM_Research_Challenge_Report.pdf)
27 [content/uploads/2023/05/EM_Research_Challenge_Report.pdf](https://emergingminds.org.uk/wp-content/uploads/2023/05/EM_Research_Challenge_Report.pdf) (accessed 19 October 2023).
28

29
30 Local Government Association. (2023), “Exploring children and young people’s mental
31 health: A series of think pieces”, available at [https://www.local.gov.uk/topics/children-and-](https://www.local.gov.uk/topics/children-and-young-people/exploring-children-and-young-peoples-mental-health-series-think)
32 [young-people/exploring-children-and-young-peoples-mental-health-series-think](https://www.local.gov.uk/topics/children-and-young-people/exploring-children-and-young-peoples-mental-health-series-think) (accessed 19
33 October 2023).
34

35 *NIHR Mental Health Research Incubator*. (2023), “Mental health research community map”
36 available at <https://mentalhealthresearch.org.uk/mental-health-research-map/> (accessed 19
37 October 2023).
38

39
40 Peters-Corbett, A., Parke, S., Bear, H., & Clarke, T. (2023), “Barriers and facilitators of
41 implementation of evidence-based interventions in children and young people's mental health
42 care—a systematic review”. *Child and Adolescent Mental Health*. Online version ahead of
43 print available at <https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/camh.12672>.
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Table 1: Summary of Factors that Inhibit and Support Research in Frontline CYP Mental Health Settings

Barriers	Facilitators
Insufficient infrastructure and capacity for research	Bridging the gap between research and practice
Attrition of research-involved staff	Changing perceptions of research
Ethical approval and administrative burdens	Inclusive engagement and collaboration
Limitations in engagement and collaboration	Streamlining ethics processes
Misalignment of research goals	Empowering observational and qualitative research
Timing of patient and public involvement and engagement	Tailored communication strategies
	Engaging decision makers
	Programme oversight and dissemination

Table 2: Key RecommendationsClinicians Working in CAMHS

- Clinicians should be provided with mentoring/advice/guidance on how to link into academic institutions and become more involved in research activity which informs clinical practice.

Researchers and Academics of CYP MH

- Coordination at a national, regional and local level to share research in accessible ways and support the implementation of evidence into practice.

Service Managers and Leaders

- Recognise the importance of research at service level and consider job planning of this into roles where professions have had research training.
- Upskill clinical staff that have not had research training.

Commissioners and Policy Makers

- Specific roles to bridge the gap and further investment in clinical-academic roles that are valued.

Funders

- Specific funding and clear plans of how to use things such as research capacity funding to enhance the integration of research into clinical practices.