

**WELCOME TO THE NIHR POLICY RESEARCH UNIT IN MENTAL HEALTH 2026  
NEWSLETTER: an update on recent and current projects and reports.**

The Policy Research Unit in Mental Health (MHPRU) conducts rapid research to inform policy at Department of Health and Social Care (DHSC), NHS England, and other government and arms-length bodies, delivering a programme agreed with policy makers including analytical colleagues. Based at UCL, Kings College London and the University of York, the MHPRU works with a national network of experts and Lived Experience Researchers.

Within MHPRU phase 2, commissioned to operate for five years from January 2024, several projects are in progress at varying stages. These were agreed with our Oversight Group and policy staff to inform national policy and service provision. An overview and update of each project, including emerging findings, and ongoing work, are shown below.

To discuss any of this work further, please contact us via [dop.pru@ucl.ac.uk](mailto:dop.pru@ucl.ac.uk). We welcome requests for presentations, informal discussions, or signposting to relevant evidence and expertise. You can also get in touch with members of our leadership team directly: Sonia Johnson (UCL - [s.johnson@ucl.ac.uk](mailto:s.johnson@ucl.ac.uk)) is the Director of MHPRU, co-directors are Alan Simpson (Kings) and Bryn Lloyd-Evans (UCL). Deputy directors are Kylee Trevillion (Kings) and Andrew Grundy (UCL – lived experience researcher lead). Rowena Jacobs (University of York) leads on health economics, and Patrick Nyikavaranda leads on Culture, Equality, Diversity and Inclusion and is deputy lead for lived experience research.

## **MHPRU Ways of Working**

At the core of every project is a working group which reviews plans and progress and contributes to decisions throughout projects. These typically include MHPRU academics and researchers, people contributing to the project informed by relevant lived experience (referred to in MHPRU as lived experience researchers), clinicians, policy staff and invited experts relevant to the topic. Policy staff also often get involved with relevant working groups, and their input has been very valuable where they have been able to join and collaborate.

**Lived Experience Researcher Input:** A central element in all our work is the Lived Experience Working Group, a group of Lived Experience Researchers (LERs) with personal experience of living with mental distress and/or supporting family and friends in contact with mental health services. They have a broad role, not only participating in decision-making, but also in research tasks such as interviewing, analysing qualitative data, and co-authoring papers. They also

produce a [Lived Experience Commentary](#) published with each paper, giving LERs a chance to express their views independently.

### **Culture, Equality, Diversity, & Inclusion:**

Advancing equity remains a core priority across MHPRU2, shaping how we design, deliver, and translate research into policy. Over the past year, we have strengthened this commitment through the development and implementation of a tailored [Equality Impact Assessment \(EqIA\) framework](#), adapted specifically for use within mental health policy research. This tool is now being embedded across projects to support early identification of potential inequities in research design, sampling, analysis, and dissemination, and to ensure that structural inequalities are addressed systematically rather than retrospectively. Alongside this, we are extending our approach to involvement beyond established models to include more direct and sustained engagement with communities and community organisations. This reflects a recognition that lived experience expertise is not singular or fixed, but distributed across different contexts, relationships, and forms of knowledge. Further details of our programme and ways of working, and of our mission statement regarding our commitment to equality, diversity and inclusion, can be found on our [website](#).

## **Project Updates**

### **1. Early Intervention in Young People’s Mental Health Problems**

We are in the later stages of a programme of work on approaches to early intervention in young people’s mental health problems. Central to this are the [Early Support Hubs](#) which have been a focus of recent policy making. They aim to provide open access, flexible early support for young people under 25 that prevents the development of more severe mental health problems and takes the pressure off mental health services.

MHPRU’s programme focused on early intervention in young people’s mental health problems has three linked components: (1) finding and collating existing evidence (both reviews now published and [summarised by The Mental Elf](#)), (2) qualitative interview studies, and (3) a quantitative evaluation of effectiveness of the hubs. This body of work is close to completion, with initial findings now available and summarised in a short [presentation](#).

#### **1.1 Systematic reviews – two reviews now published**

- [Early interventions for onset of symptoms of mental health conditions; an umbrella review of systematic reviews – BMC Medicine](#)

Providing the right help early on could potentially transform the trajectories of people with mental health symptoms, supporting them to stay in work or education and to maintain social roles and relationships.

To describe the current state of the evidence on such early intervention approaches, we identified all the published systematic reviews of such approaches for conditions that typically begin before 25 years of age. We found that:

- (a) Most of the relevant evidence relates to psychosis. Early intervention for people who have already presented to services does appear to improve clinical and social outcomes and cost-effectiveness, though with more uncertainty in the longer term. The evidence is less clear-cut regarding interventions aimed identifying and treating psychosis earlier among people in the community, and regarding those intended to reduce transition to full psychosis among people showing signs of being at high risk.
- (b) There are innovative therapeutic approaches to help people with emerging eating disorders that show some early signs of promise but need evaluations that are more robust and on a larger scale.
- (c) There was little evidence from published systematic reviews on early intervention approaches tailored to the needs of people with bipolar or common mental health problems such as depression, anxiety, and OCD, or for people who may receive a diagnosis of personality disorder. This appears an important gap.

- [Approaches to early intervention for common mental health problems in young people: a systematic review - BMC Medicine](#)

Early support for children and young people experiencing emerging mental health difficulties is a high policy priority. While early intervention models for psychosis and eating disorders are well established, there is less clarity about how best to provide early intervention for young people presenting with symptoms of anxiety, depression, and other common mental health problems.

To examine the current evidence, we reviewed 38 studies on early intervention approaches for young people aged 11–25 with initial symptoms of common mental health difficulties. We found that:

- a) Most approaches aimed to improve the early response to symptom onset by making care more joined up, increasing the speed or ease of access to support, or providing targeted help for specific needs alongside treatment for anxiety and depression.
- b) Some evidence suggests that these models can increase access to support, reduce waiting times, while also easing pressure on other services.
- c) Most studies with comparator groups reported improvements in mental health and wellbeing, and the approaches were generally viewed as acceptable by young people.

Early intervention models for common mental health problems in young people show promise, but more robust studies are needed to understand what works, for whom, and in which settings. These findings were further summarised in a [Mental Elf blog](#).

## 1.2 Evaluation of Early Support Hubs: Qualitative studies

We have conducted two waves of qualitative interviews aimed at understanding the Early Support Hubs model. This work was commissioned as an evaluation of 24 Early Support Hubs that received uplift funding to extend their mental health support.

In **Wave 1**, we interviewed young people, staff, and managers in Support Hubs. We explored what people see as the key characteristics of good Early Support Hubs, and what helps or hinders achieving good practice. Two published pre-prints report our findings:

- [A qualitative investigation of young people's experiences and views of Early Support Hubs | medRxiv - now accepted for journal publication](#)
- [A qualitative investigation of views on practice in early support hubs from staff working in care and support roles | medRxiv](#)

Key findings include that young people tend to find the Hubs welcoming and supportive valuing their non-clinical and accessible environments. Some questions were raised regarding their capacity to respond to young people with more complex difficulties and the impacts of their short-term funding.

In **Wave 2**, we have explored questions of particular interest for policy in greater depth, including how Hubs fit into the overall mental health system. Individual interviews have been conducted with 23 managers, 20 young people and 4 staff focus group interviews. Full reports to be completed by summer 2026.

### **1.3 Evaluation of the Early Support Hubs: quantitative study**

We have also set up a system for obtaining quantitative data on characteristics of people using the Hubs and their outcomes over time. Hubs submitted their data until the end of 2025, and this is currently being prepared for analysis. We anticipate having good quality data regarding the characteristics of young people using the Hubs, but collecting follow-up data has proved more challenging. However, data has been cleaned, and we are now conducting some analyses, especially on characteristics of young people using the services. Our qualitative work has also explored barriers to routine recording of outcomes in the Early Support Hubs and how these might potentially be overcome.

## **2. Risk Factors for Severe Mental Health Outcomes among Young People**

Reported rising rates of mental health conditions among younger people have made the need to understand risk factors more urgent. MHPRU is currently working on a national cohort study to identify risk factors for important mental health outcomes among young people. This project is using data from the first English national database to link health, education, and social care information for young people, the [ECHILD database](#).

This work aims to examine which social and educational risk factors recorded before the end of year 11 (when pupils are typically aged 16) can predict severe mental health difficulties in the following years. Prevention of severe mental health difficulties could transform outcomes for younger people. The indicators we are using of severe mental health outcomes are the need to stay on an inpatient ward or needing to present to A&E in mental health crisis. This research will inform the evidence base to help services identify individuals at the greatest risk of severe mental health difficulties to ensure equitable access to early intervention for those with the greatest need. It will also test the usefulness and feasibility of using the EChild database to investigate key questions in mental health.

You can access more details on the [ECHILD project](#) as well as the project [protocol on the OSF directory](#).

### 3. Digital Surveillance in Acute Inpatient Mental Healthcare Settings

The use of surveillance technologies is becoming increasingly common in inpatient mental health settings in efforts to improve safety and reduce costs. However, this has been questioned in light of sensitivities, ethical concerns, and potential harms of surveillance.

MHPRU were commissioned to conduct the first ever systematic review that aimed to (1) map how surveillance technologies have been employed in inpatient mental health settings, (2) explore how they are experienced by patients, staff and carers and (3) examine evidence regarding their impact. We reviewed 32 studies that reported on the use of CCTV/video monitoring, vision- based patient monitoring and management, body-worn cameras, GPS electronic monitoring, and wearable sensors.

- [The use and impact of surveillance-based technology initiatives in inpatient and acute mental health settings: a systematic review](#) - BMC Medicine

Qualitative findings indicate patient, staff and carer views of surveillance technologies are mixed and complex. Quantitative findings regarding the impact of surveillance on outcomes such as self-harm, violence, aggression, care quality, and cost-effectiveness were inconsistent or weak. There was insufficient evidence to suggest that surveillance technologies in inpatient mental health settings are achieving their intended outcomes, such as improving safety and reducing costs. There were also significant concerns about methodological quality, lack of experience involvement and conflicts of interest.

Conclusions were that the further coproduced research is needed to more comprehensively evaluate the impact of surveillance technologies in inpatient settings, along with best practice guidance co-developed by all key stakeholders and prioritising patients' perspectives.

Results were published and shared with the DHSC in a [presentation](#) and with the Care Quality

Commission and NHS England, informing their [‘Principles for using digital technologies in mental health inpatient treatment and care’](#) report. This work was further summarised in a [Mental Elf blog](#) and in a [policy summary](#).

## 4. Relational Care Approaches to Self-harm and Suicide Risk in Inpatient and Emergency Department Settings

A key purpose of inpatient mental health services and emergency departments (EDs) is to provide a safe environment for people presenting with, and at-risk of, self-harm and/or suicide. Structured risk assessments and restrictive practices are often used but are not well-supported by evidence: a need has therefore been identified for alternative “relational care” approaches.

MHPRU were therefore commissioned by policy makers in NHS England to identify and summarise the quantitative evidence for the impact of “relational care” in non-forensic inpatient mental health and Emergency Department settings on self-harm and suicide-related outcomes. As there is no consistent definition of “relational care,” we co-produced one with academic and lived experience researchers and clinicians and conducted a scoping review of literature reviews relevant to this area. We identified 29 relevant reviews, covering 62 relational care approaches and reported in 87 original papers.

- [Quantitative Evidence for Relational Care Approaches to Assessing and Managing Self-Harm and Suicide Risk in Inpatient Mental Health and Emergency Department Settings: A Scoping Review – Issues in Mental health Nursing](#)

The evidence suggests some individual-, group-, ward- and organisation-level relational care approaches can reduce self-harm and suicide in inpatient mental health and ED settings, although there is a lack of high-quality research overall. We suggest that further co-produced research is needed to clarify the meaning of “relational care” and its core components, and to evaluate its effectiveness and what works best for whom under which circumstances.

Results were published and shared with NHS England in a [presentation](#), informing their [‘Staying safe from suicide: Best practice guidance for safety assessment, formulation and management’](#) (NHSE 2025). Presentations have been given at several conferences including the Reducing Restraint Network Conference.

## 5. Improving Mental Healthcare for Autistic People

Autistic people are more likely to experience mental health difficulties, but research shows they often find it harder to access care, have poorer experiences, and have worse outcomes than non-autistic people. The MHPRU is currently carrying out two projects to help improve mental health care for autistic people. These build on two reviews that were carried out in our first

funding period, presenting the research on approaches to [improving mental health care for autistic children and young people](#) and for [improving mental health care for adults](#).

### **5.1. Comparing mental health outcomes for autistic and non-autistic people**

This project consists of carrying out a systematic review, bringing together published and non-peer reviewed literature, to compare mental health outcomes for autistic and non-autistic people who received similar treatments or services.

The team has finished searching for and selecting relevant studies, extracting data, and reviewing their quality. We found 33 relevant studies covering different types of mental health support and settings. We have prepared a [presentation](#) to share early findings with policymakers and are writing an academic paper to publish full results.

The review includes a range of psychological, pharmacological, and multi-component or service-level approaches. Study quality was variable, with concerns about research inclusiveness, including limited involvement of autistic people. Preliminary findings suggest that outcomes for autistic compared with non-autistic people vary across interventions and outcome measures. Several studies reported less favourable outcomes for autistic people (e.g. smaller improvements in symptoms or functioning, and higher rates of restrictive practices and acute service use), while others reported comparable or mixed results, with interpretation sometimes limited by small samples. These findings have implications for the development of mental health services and policies to better meet the needs of autistic people.

### **5.2. Identifying models of improving mental health care for autistic people**

MHPRU is further carrying out a second project, a service evaluation aiming to identify and describe different ways that organisations are trying to improve mental health care for autistic people in the UK and other countries. We are hoping to identify potentially useful approaches that we did not find in our literature reviews because they have not been the focus of research.

We are currently asking experts and organisations to share information about relevant approaches by completing a short survey. We have identified a range of innovative models and are developing a typology to summarise the different approaches. We will shortly be interviewing managers and senior staff to learn about barriers and facilitators to putting these approaches into practice.

This project will give an overview of new and innovative ways to improve mental health care for autistic people. It will help guide future service development and policymaking.

## **6. An Investigation of Crisis Care and the Mental Health Act**

The MHPRU team is completing a programme of work about mental health crisis care systems and the Mental Health Act. So far this comprises of three projects, two of which are using the National Mental Health Services Data Set (MHSDS). These are to investigate two questions;

### **6.1. Among people who use mental health crisis services, what are the demographic differences in who uses which service types?**

Among people who use mental health crisis services, socio-economic status is not a factor strongly linked to which type of service. However, people from Black ethnic groups are markedly over-represented among those detained and are further less likely to use some community services. This paper is now available in preprint;

- [Patterns of use of mental health crisis-related services in the English NHS: a retrospective observational study - MedRix](#)

**6.2. Among all people using mental health services, a) what individual and service level factors are associated with inpatient and crisis service use; and b) what individual and service level factors are associated with hospital readmission and with mortality following a formal or informal hospital admission.** - A protocol has been developed and data preparation and analysis are underway.

An additional linked project will be completed to investigate:

### **6.3. The experiences of Nearest Relative provisions under the Mental Health Act.**

These will comprise of a scoping review of international literature and interview study projects with people who have been detained in psychiatric hospital, and with carers of people detained in hospital. This work will be undertaken by UCL Masters students, supervised by researchers from the MHPRU team. It will provide a snapshot of people's experiences before the legislative changes under the new Mental Health Act 2025 are implemented, including greater patient choice in which carer is consulted as their Nominated Person. We are currently conducting interviews for this project.

All aspects of the MHPRU crisis care, and MHA work are supported by a project working group involving six of our Lived Experience Researchers and policymakers from the DHSC Mental Health Act Team and NHS England Crisis Care Team. The MHPRU are currently in discussions with the Mental Health Act team regarding potential further work related to use of the MHA.

## **7. Peer Support Involvement and Delivery**

Two linked MHPRU projects have been conducted to inform peer support involvement and delivery across the mental health workforce. These projects have been accepted for publication.

This body of research has been summarised in a newly produced [infographic](#) and was further disseminated, through two events, with an additional [summary of 10 key points](#):

1. [Peer Support in Mental Health webinar: Evidence, Experiences & Insights](#) - A Mental Elf hosted webinar with presentations on all three papers.
2. [Peer Support in Mental Health: Mental Health Question Time](#) - A live event moderated by Patrick Nyikavaranda, discussing the impact and challenges of Peer Support in Mental Health. Panellists include Julie Repper, Mel Ball, Sharif Mussa, Karen Machin, Isaac Samuels, and Brynmor Lloyd-Evans.

### **7.1 Umbrella Review on international evidence on peer support**

The team collaborated with people with lived experience to conduct one of the largest reviews to date to understand the effectiveness, implementation, and experiences of paid peer support for mental health, synthesising all the relevant systematic reviews (an “umbrella review”).

- [The effectiveness, implementation, and experiences of peer support approaches for mental health: a systematic umbrella review – BMC Medicine](#)

Results were mixed regarding effectiveness, but there was evidence that peer support could help with recovery, self-belief, and depression (particularly perinatal depression). Various factors effected implementation, e.g. peer support worked well when it was designed with people with lived experience, when roles were clearly defined, and when peer support workers and non-peer staff received appropriate peer support training. Barriers to peer support included limited time, lack of resources and funding, and a lack of recognised certification for peer support workers.

Findings on experiences suggested that peer support was mutually beneficial for peer support workers and service users. Service users also found peer support to normalise and de-medicalise their experiences, reducing feelings of self-stigma. This work was further summarised in a [Mental Elf blog](#).

### **7.2 Qualitative Study on Peer Support Delivery in England**

Our review was followed by a large-scale qualitative study regarding the views and experiences of peer support workers across England. Paid workers in the NHS, social care and the voluntary sector were all included and interviews carried out mainly by lived experience researchers. For this project, 35 paid mental health peer support workers in England were interviewed by lived experience researchers. We reported results in two papers: (1) the barriers and facilitators to peer support and (2) the values, distinctive features, and impact of peer support.

- [Understanding the barriers and facilitators to delivering peer support effectively in England: a qualitative interview study – BMC Psychiatry](#)
- [Understanding the roles and experiences of mental health peer support workers in England: a qualitative interview study – BMC Psychiatry](#)

Key facilitators to achieving the aims of peer support roles included needs for flexible roles with clear boundaries, adequate supervision, and training to deliver peer support work and leadership that values peer support. Barriers included tensions between the flexible nature of

peer worker roles and more rigid healthcare systems; and broader systemic factors—such as funding, pay, and career progression.

Key results from exploring the values, distinctive features and impact of peer support, included: that peer workers work in a range of ways, but a unifying feature was their focus on the individual needs of each service user and on facilitating recovery through shared lived experience. There were benefits from the role for peer workers and service users, as well as reports of positive systemic changes in services.

## 8. Suicide Prevention Grant Fund Evaluation

The MHPRU was asked to help evaluate DHSC's Suicide Prevention Grant Fund, a one-year funding scheme opened in 2023 to support 78 local suicide prevention programmes, run in the voluntary sector.

We interviewed the managers of 30 varied SPGF projects and invited the managers of other funded projects to complete an online survey about their experiences of the grant fund and perceived impacts of their project. A UCL Masters student, Dominika Valacsay, worked with MHPRU researchers to complete this. Findings have been shared in a short [presentation](#) with the DHSC team, and a paper is available as a preprint;

- [Evaluating the Impact, Implementation and Sustainability of the Suicide Prevention Grant Fund – A Qualitative Study](#)

Flexible, voluntary sector programmes were perceived by respondents as being able to fill gaps in local service provision and reach under-served sections of the local community. The grant funding helped develop valuable initiatives, but its short-term, one-off nature created challenges with staff recruitment and retention and project set up and sustainability.

## 9. Neighbourhood Mental Health Centres

As of April 2026, we are developing a new programme of work on Neighbourhood Mental Health Centres. For the first stage of this, we plan to investigate the configuration and recent history of community mental health delivery in ten contrasting catchment areas. We welcome all input into what we hope will be a substantial programme of work.

We would like to thank our wide network of collaborators who have worked with us to deliver this diverse programme of research projects, and the policy makers who have commissioned this work.

**For more information about previous and current work please visit our [website](#) and check us out on [LinkedIn](#) and [BlueSky](#) .**