NIHR Service Delivery and Organisation programme

NHS National Institute for Health Research

National Institute for Health Research SDO Full Proposal

The SDO programme reserves the right to share, in confidence, details of your application with other research funding organisations in order to coordinate research activity in the UK.

SDO call reference (e.g. 10/1001): 10/1011

Research Type: Secondary Research

☐ Is a Clinical Trial Authorisation (CTA) required?

In which country of the United Kingdom (UK) is the Chief Investigator based? England

How did you hear about this call? Email alert

Section A: Details of Chief Investigator (to whom all correspondence will be addressed)

Surname: Lea

Title: Professor

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Contribution: Project management; methodological expertise; multi-disciplinary & academic-practice collabortion expertise

Section B: Project Details

Full title of project (expand any abbreviations). If you have previously submitted this application as an Outline Proposal the title should remain the same.

Enhancing the Multi-Agency Management of Individuals with Enduring Moderate to Severe Mental Health Needs (EMHN): Client Journeys and the NHS/CJS Interface

Strategic HA: South West

Country if not UK:

No.of applicants: 8

Start date: 01/08/2011

Proposed duration: *(months)* 21

Research grant: £299,925

Research grant inc. NHS costs: £299,925

☐ Is a Clinical Trials Unit (CTU) involved with this application?

☐ If Yes, does the CTU hold a UKCRC registration?

If Yes, please specify the CTU registration number:

☐ Is the CTU receiving clinical evaluation and trials support funding from the NETSCC?

Section C: History of Proposed Research

History of Proposed Research

1. Will the research described in this proposal be supported by any other funding body?	NO
2. Has this research proposal or any related application previously been submitted to this or another NIHR programme?	NO
3. Has this or any related application previously been submitted to another non-NIHR research funder?	NO
4. Is the research likely to lead to patentable or otherwise exploitable results?	NO
5. Do you or any of your joint applicants have a conflict of interest?	NO

Section D: Project Information

Aims and Objectives:

The aim of the proposed research is to examine and explore current practice relating to the management of individuals with enduring moderate to severe mental health needs (EMHN), specifically at those points where they interface between the NHS and criminal justice system, and to ascertain how such practice can be enhanced. Three stages of work are planned, each guided by explicit objectives. Stage two represents the major study to be undertaken and therefore the bulk of the work.

Stage One

1.How are the practice implications of current national policy relating to the management of individuals with EMHN being interpreted at local level?

2.How has Cornwall articulated national policy into practice benchmarks where the NHS and Police are required to work together?

Stage Two

3.What are the organising principles that precipitate a joint-working decision, by either the NHS or the Police?

4.What is the decision-making process and who is involved in it?

5.Is the decision-making process consonant with local practice guidelines and national policy implications?

6.What is the impact of these decisions on the service user?

7.What is the impact of these decisions on the NHS, and Police organisations?

8.What are the economic costs associated with current and potentially enhanced practice?

Stage Three

9.What are the barriers and facilitators to the multi-agency management of individuals with EMHN?

10. What are the implications of the research for national policy and practice?

Background: Please include a brief literature review, and how you expect to add to the body of existing knowledge.

Throughout the last twenty years, and more especially the latter part of the last decade, there has been an escalating debate about how individuals with EMHN might best be managed within and between the NHS and criminal justice system (CJS). It is widely recognised by mental health practitioners, the police, and the courts that these individuals repeatedly come to the attention of the CJS, with their journey into and out of the CJS being conceptualised as a 'revolving door' (Bradley, 2009). The Department of Health (DoH) has been proactive in commissioning a considerable amount of research in an effort to understand how this cycle might be broken. In 1992 Dr John Reed, in the first of a series of reports, reviewed 'health and social services for mentally disordered offenders and others requiring similar services'. Among the many recommendations made, Reed stressed that a flexible, multi-agency, partnership approach was essential to bring about change. It is unfortunate, but telling, that eighteen years on that call has been only partially heeded.

The lack of 'joined-up' working between the health and social care sector and the CJS is reflected in a number of tragic events which have resulted in serious case reviews and subsequent inquiries (Bichard 2004; Magee 2008; Laming 2003; Laming 2009; IPCC 2010). Indeed, the term 'silo working' (Rutherford 2010: 74) has been used to describe the paucity of interaction and engagement. Lord Bradley's inquiry (2009) into how people with 'mental health problems or learning disabilities' fare within the criminal justice system, concedes that since Reed, little has changed except the 'political and social context' (Bradley 2009: 9). Baroness Corston's (2007) equally wide-ranging review of 'women with particular vulnerabilities in the criminal justice system' identifies similar shortcomings to Bradley; but suggests too that where women are concerned, a radically different and holistic approach is required. Most recently, Rutherford (2010) has explored the extent to which inter-agency working or 'convergence' has developed, the obstacles that still exist to a wider take up, and the limits that (may) need to be applied to the convergence process to retain professional and ethical boundaries.

Her Majesty's Inspectorate of Constabulary (HMIC 2005; 2009) has, meanwhile, been applying pressure to the Police to embrace the operational and financial benefits to be had from partnership working in all areas of policing: Flanagan (2008), in his comprehensive review of policing, arrived at the same conclusions. Perhaps with one eye to the extensive post Bradley implementation process, the National Policing Improvement Agency (NPIA) in conjunction with the DoH (2010) has produced detailed guidance on how the Police should respond to people with 'mental ill-health and learning disabilities' (2010); they, like others, identify that police officers have little or no formal training in diagnosing or dealing with mental ill-health.

Although mental ill-health is not indicative of any latent propensity to criminality or dangerousness: stereotypically, those who live with it may be perceived to be inclined to both. On the street, where the Police are both the first and last resort in dealing with individuals deemed to be experiencing mental ill-health, the 'successful resolution' of an incident – e.g. the bridge jumper - depends upon the unique contextual details of the event in question. These, in turn, will determine the legal powers available to the officer and the sort of action he or she may take. The process of rationalising and interpreting these contextual and legal elements is, of course, informed by the ideological imperatives (the received wisdom) of the police organisational milieu; this may well be quite different to the occupational imperatives of the mental health professional, the social worker, ambulance staff, or general medical practitioners. Moreover, the police imperative may very well conflict or compete with the occupational imperatives of others and the long-term prognosis of the individual concerned. For those whose levels of 'dangerousness', criminality, and psychiatric diagnosis are such that they are not subject to any formal inter-agency process such as Multi Agency Public Protection Arrangements (MAPPA) or Safeguarding Children or Vulnerable Adult protocols and procedures, this is especially so. As many practitioners within the CJS and the statutory and voluntary mental health services are aware, these 'gaps' in the system are what ensure that many individuals with mental ill-health are destined to make unnecessary and inappropriate forays into the CJS: for a large number of people, this is an experience that is as damaging as it is avoidable. This study aims to build on previous similar research using qualitative and report/case-linkage methodology (Fisher et al, 2011; Greatley et al, 2007) to examine the mental health needs of individuals who come into contact with the CJS.

Need: Please ensure you identify clearly the NHS research need you aim to address. Please refer to the accompanying guidance for further clarification.

Against the above background, the proposed research arises out of a small pilot project, set up to scope the need associated with individuals having EMHN and care plans who are also known to the police. The project was set up as a partnership between the Local Policing Area (LPA) in East Cornwall and the Cornwall Partnership Foundation NHS Trust, and is funded by the NHS. This pilot has identified the scale of the need and resulted in this partnership bid to the SDO.

The research will utilise predominantly existing data and an element of primary data with the overall aim of enhancing practice in relation to decision making and the organisation and delivery of healthcare for individuals with EMHN who interface with the Criminal Justice System (CJS). A great deal of the existing research identifies or acknowledges the 'gaps' that exist in the interface between CJS and NHS Mental Health service provision, and the sort of individuals who regularly find themselves falling into those inter-agency voids. The practicalities of implementing a 'national intention' are complex, and necessarily subject to a local interpretation: for example, for a variety of contextual reasons what works well in cosmopolitan inner city London may be less likely to succeed if transplanted to the more isolated districts of rural Cornwall. This project will therefore seek to illuminate the nature of these gaps both nationally (through a practice-focused review of existing documentation) and locally (through a detailed study of Cornwall's attempt to translate EMHN policy into practice guidelines for NHS/CJS interface working) in order that inter-agency decision making, communication and service delivery are improved.

It is essential that rigorous academic research is conducted in order to understand the disparate processes and outcomes being achieved across the country in order to address the inevitable incoherence between policy and practice nationally. Furthermore as the current situation demonstrates, a lack of dialogue within the same organisation and between practitioners between organisations ensures that individuals 'known' to all or some of them are frequently not dealt with in a truly integrated or genuinely informed way.

If the 'silo mentality' stifles inter-agency dialogue and inhibits practitioners and managers from exploring every option when dealing with those individuals who are known to a number of organisations, it also exaggerates the distinct and seemingly competing occupational aims and cultures of those involved. Thus an important aim of the proposed research is not only to find ways to promote greater inter-agency dialogue; but also to explore how practitioners from different organisations might develop genuine partnerships in dealing with individuals who are known to range of organisations: a 'case-linkage' methodology offers a useful and exciting means of finding ways to include a range of relevant practitioners and professionals into the health care process and improve continuity of care and access.

Cornwall's partnership working with individuals who may come into contact with Health, Social Care and Criminal Justice Services has pockets of exemplary practice, including coordinated activites around the use of section 136 of the Mental Health Act, the operation of Drug Treatment requirements as part of Community Rehabilitation and Punishment Orders, the enactment of the Multi-Agency Public Protection Arrangements and maintaining performance with regard to Prison Transfer targets for mentally disordered offenders.

Multi-agency collaboration is underpinned by a local forum, the Local Criminal Justice Agencies Group (formerly the Mentally Disordered Offenders Group), which relates to a peninsular-wide group where major stakeholders (CPS, Probation, Primary Care Trusts, Local Authorities, Police and Provider Trusts) are represented. Inevitably, where specific services or activities are underpinned by statutory requirements, clarity and delivery are enhanced. Local experience is that where the legal and statutory basis of provision is unclear and risk is possible but uncertain, then coordination of activities relies on the interpretation of service mandates by authoritative individuals who may have competing agendas (e.g. risk management versus capacity management).

Methods: Please outline the design of your research and the methods you plan to use. Please refer to the accompanying guidance for further information. Please also ensure you attach a detailed project plan and flow diagram at the end of this application form.

The project is informed by a conceptual and methodological framework developed by the multi-disciplinary team of academics and practitioners to evaluate a range of multi-agency services and initiatives through mixed methods (Creswell, 2009). This framework is responsive to identified need (Wadsworth, 2001), adopting Burke's (1998) principles of participatory evaluation through the engagement of stakeholders at all stages of the research process to ensure the meaningful utilisation of findings (Papineau & Kiely, 1996) to enhance multi-agency working and service user outcomes. The framework is also informed by the tenets of community psychology which espouse collaborative working with traditionally marginalised groups and understanding people within their social contexts (Orford, 2008). A three stage methodology (two using secondary and one primary data) is planned.

Stage 1 A short practice-focussed review will examine how national policy has been interpreted and translated at the regional/local level, extending the pilot review that formed the basis for this bid and complementing existing policy reviews. This involves a review of relevant regional/local documents nationally, and of a benchmarking exercise based on the Cornwall Forensic Team Skillshare initiative for enhancing inter-agency knowledge/cooperation and developing standards for practice in relation to those with EMHN in the NHS and Police. Search terms would include formal descriptors (e.g. mental health issues, suicidal, Section 136) to capture organisational 'flags', and colloquial terms (e.g. bizarre, strange, CPN and Psychiatrist) that police officers may use when submitting narrative text to intelligence submissions. Documents from both elements will be analysed using thematic content analysis to identify core themes associated with developing practice guidelines with which to assess practice quality and standards.

Stage 2 A case-linkage study will explore client journeys through the NHS and CJS by linking NHS case files (from Cornwall Partnership Foundation NHS Trust) and Police intelligence files (from Devon and Cornwall Constabulary). Additionally, given resource scarcity within public agencies involved in managing EMHN the costs involved in current and potentially enhanced working will be examined. This stage of the project comprises three elements:

a. Clinical/nominal audit (approved): 1.Identify all EMHN digital case records on the BT RIO system (NHS) within a defined four-six month period and generate digitally searchable PDF documents. Search documents using policing-related search terms (e.g. Police, arrest, custody, court, MAPPA, Domestic Violence Unit, NBM) to identify those cases including police involvement; 2.Search Police databases (e.g. OIS, CIS, PNC, NSPIS) within the defined time period using mental-health related search terms (e.g. mental, bizarre, weird) to identify those cases where the nominal may have EMHN.

b.Secondary data study: 1.Cross-match samples generated by each system to confirm potential pool for case-linkage; that is, all individuals known to both the NHS and Police, and in whose cases both the NHS and police have awareness of the other organisation's involvement; 2. All potential cases to be subject to a two-pronged screening to ensure protection from harm. NHS exclusion criteria: a. where police involvement was considered on the basis of disruptive behaviour, but ultimately not sought by the clinical team; b. where to approach the person could lead to mental health deterioration; c. where to approach the person would threaten their ability to work with the current care team; d. where to approach the person would precipitate behaviours liable to cause harm to themselves or others, e. where the individual lacks the capacity to consent for themselves. Police exclusion criteria: a. subject of an ongoing investigation as a suspect due to the potential for operational compromise; b. subject of an ongoing investigation as a victim/witness due to the potential to breach the Criminal Procedure and Investigations Act (1996); c. where police intelligence suggests that contacting the individual would increase risk of harm to the person or to others. As a further safeguard, the project team's clinical psychologist will liaise with the current or most recent care team and/or GP in making the decision to approach the person for inclusion. 3. Contact identified cases (estimated 800-1000) and invite their participation through allowing the research team access to review their records [in accordance with the British Psychological Society Code of Ethics and Conduct]; 4. Confirm final sample of participants who have provided informed consent (estimated 80-100 cases) and compare final sample with sample pool to assess representativeness on key demographic variables; 5. Collate data related to final sample; 6. Perform thematic content analysis on case-linked files. Documents will be organised and coded independently by two researchers using NVivo; 7. Conduct service-user validation.

c.Health economic component: 1.Map the current processes of decision-making and client journeys, based on case records, accounting for all individuals and agencies involved, and an alternative pathway which reflects potential enhancements to current practice; 2. Estimate and compare total costs associated with both pathways including the balance of costs between different sectors (e.g. NHS vs. Police) and additional costs (or savings) associated with moving from current to enhanced practice.

Stage 3 Stakeholder consultation through focus group discussions (6 in total with 6-8 participants in each focus group; 2 per stakeholder group; total n=36-48), guided by nominal group technique, will be held with service users, NHS and Police managers and practitioners. Participants will be asked to rank order emerging barriers and facilitators in terms of their relevance to their lived experience and/or professional practice. Data will be collected from each participant group and analysed using thematic content analysis.

If you previously submitted this application as an Outline Proposal please explain how it differs from the outline.

This application differs slightly from the outline proposal.

First, the team has responded to the Commissioning Board's request to seriously consider "the necessity of the scoping review and in so doing, demonstrate that the research is focused on practice rather than a policy review". Thus, the parameters of the review have been clearly specified and the review component has been more fully integrated into the entire research process.

The review has a tight focus on the practice implications of national policy guidance; much of the existing literature remains at policy discussion level with loose reference to locally agreed protocols. There is a paucity of attention as to how practice is generated from policy. The review will augment both the pilot study which provided the impetus for this bid, and other existing reviews, thereby avoiding duplication. Furthermore, recent developments in Cornwall within both the NHS and Police have presented the team with an opportunity to examine the process by which policy guidance is translated into practice benchmarks. Thus, the review component is now more tailored to practice and incorporates the review of a County process, currently in progress, of interpreting policy through developing practice standards. To facilitate this, a senior police officer has joined the bid team (Detective Superintendent Iain Grafton, MBE). This modification enhances the original proposal, as it provides an opportunity to examine a process whereby the NHS and Police have attempted to develop practice benchmarks that reflect policy in relation to cases of EMHN and directly concern inter-agency working. As in the original bid, the findings of the review phase will inform the case-linkage study and focus group discussions but will enable a more integrated interrogation of case management and a more focussed questioning of stakeholders and service users in the focus group discussion phase.

Second, the Chief Investigator's move to the Institute of Psychiatry (IoP) has offered new opportunities for collaboration and networking (particularly as the Mental Health Research Network is run by the Institute of Psychiatry, in collaboration with the University of Manchester, and the MHRN Director, Professor Til Wykes, is a colleague at the IoP), while in no way compromising her existing networks in the South West. Consequently, Professor Graham Thornicroft has joined the team, strengthening it through his considerable international reputation in the area of mental health services research and facilitating access to other relevant networks and groups. Through his involvement, and that of a further King's colleague, Dr Anita Patel, it has been possible to include a health economics angle to the project to specifically examine the costs associated with current and potentially enhanced partnership working in the area of EMHN. This was felt to be important, particularly in the current economic climate.

In line with the comments and observations made by the Panel, considerably more detail relating to the practical arrangements regarding the case-linkage study has been provided (see attached proposal). Moreover, this detail has been the result of a series of workshop-style team meetings, and mini-pilots undertaken by NHS and Police staff respectively. Greater clarification has also been provided in respect of ethical approval. The complex ethical issues associated with working at the interface of two very different organisations have been fully discussed with, and the research entirely endorsed by, relevant senior NHS and Police managers. This process has led us to be considerably more explicit in relation to the objectives associated with each of the three stages of the proposed research.

Project summary

The summary should enable the non-expert reviewer to understand how the proposal addresses the question in the commissioning brief/specification document, how and where the research will be carried out, what outcomes will be used to assess the success of the research, what, if any, are the ethical issues involved in this study and arrangements for handling these, why this team is well placed to carry out the research and provide justification for the costs requested (including any NHS costs).

This research aims to improve the multi-agency management of individuals with enduring moderate to severe mental health needs (EMHN) through exploring client's journeys as they interact with the NHS and the criminal justice system (CJS), specifically the police. The lack of joined-up working between the NHS and the CJS can be seen in a number of tragic events which have resulted in serious case reviews and enquiries. Existing research identifies that substantial gaps exist between NHS mental health service provision and the CJS for EMHN individuals and that the local translation of national policy into multi-agency practice guidelines is challenging. Consequently, many practitioners would agree that individuals with mental ill-health often end up in interaction with the CJS unnecessarily or inappropriately.

Conducting research in this area is very complex due to the competing cultures of the NHS and Police. However, a unique collaborative relationship between academics, an NHS mental health service psychologist and police officers has enabled the development of this proposal, based on pilot work funded by the NHS. Consultant service users are engaged and will contribute substantially to the work at all stages. The research will be carried out by the Institute of Psychiatry (IoP) at King's College London in partnership with the University of Plymouth (UoP), Cornwall Partnership Foundation NHS Trust and Devon and Cornwall Constabulary.

Three stages of research work are planned with regular interim reports being produced for the Project's Steering Group, which will be multi-disciplinary and include service users . If the project is approved, a number of activities will be undertaken before the funding is available to ensure that the research is able to start immediately on 1 August 2011. These include: submission of applications for research ethics to the relevant committees/panels of the NHS, Police, IoP and UoP; finalising the formal agreements/protocols between the respective organisations (with particular reference to data access and sharing of information); setting up UoP employment contracts for the two research workers, and honorary contracts with Cornwall Partnership Foundation NHS Trust for the research team as appropriate. These early milestones will lead to the following outputs: approved ethical protocols and supporting documentation (participant information sheets; consent forms); formal agreements between collaborating institutions; employment and honorary contracts.

Stage 1 (August - December 2011): This stage aims to examine the challenges of translating policy into practice in the EMHN area. First, a review of relevant documents will be undertaken in order to see how national policy has been turned into practice at the regional/local level. Second, an analysis of the documents (e.g. minutes of meetings) relating to the Skills Share initiative will be conducted. This Cornish initiative is a benchmarking exercise involving the NHS and Police. It aims to enhance interagency knowledge and cooperation, and specifically develop practice standards for dealing with commonly occurring scenarios in which both the NHS and Police are required to work together to support individuals with EMHN.

Stage 2: (December 2011- November 2012): Cases to be potentially included in the case-linkage study will have been identified through an already approved clinical audit (NHS) and nominal audit (Police) conducted on a retrospective four to six month period as part of the Skills Share initiative. Specified folders in the NHS BT RIO system and the Police databases (e.g. OIS, CIS, PNC, NSPIS), which hold each organisation's records, will be searched using policing-and mental health-related terms respectively to identify all cases in each system where both organisations have had contact with an individual. The pool of identified cases will be screened according to already-agreed NHS and Police criteria in order to exclude all cases where contacting the individual may risk harm to themselves or others, may affect their relationship with the mental health service, or affect an ongoing investigation where the person is a victim, witness or suspect. A final pool of cases will then be generated for potential inclusion in the case-linkage study (estimated 800-1000 cases), subject to the individual giving their informed consent. A full pilot of the case-linkage methodology will be undertaken on two cases for which consent is received. The case-linkage study seeks to understand the decisions made by the Police and NHS in EMHN cases and the impact of these decisions on both the individuals concerned and the respective agencies. On receiving consent to access records from identified cases (estimated 80-100 cases), all relevant records for each case will be collated for analysis. Records will be analysed using thematic content analysis to examine client journeys through the NHS and CJS with a specific focus on patient needs, organisational decision-making, multi-agency partnership working and decision outcomes for both clients and organisations. Specifically this would include examining the frequency of opportunity for engagement between the NHS and CJS to enhance outcomes for the client, the number of opportunities that led to active engagement, evidence of a disclosure between the organisations and evidence of direct joint working in the development of clinical care plans. At this stage the health economics element of the project will be undertaken to examine the costs involved in case journeys and specifically the costs of both working effectively in partnership and of not doing so.

Stage 3 (November 2012-April 2013): The aim of this stage is to understand the factors that prevent or enable the effective multi-agency management of individuals with EMHN from the perspective of service users, NHS and Police managers and practitioners. Six focus groups of 6-8 participants each (2 per stakeholder group) will be run to enable service users and professionals to consider the main themes emerging from the review and case-linkage studies in the light of their own experience and professional practice. Transcripts will be analysed using thematic content analysis. A stakeholder conference will be held to share the findings, enable stakeholder validation of the results, develop generic nationally-relevant practice principles and generate a regional action plan for practice in this area.

Collective Research Effort - Contribution to Research Utilisation:

Please include how your research, associated user involvement and plans for uptake of your research will contribute to collective research endeavour in the NHS and the NIHR Faculty, and to improvement of practice or service delivery in the NHS. Peer reviewers may be asked to take this information into account in their assessment of your application.

The project will seek to contribute to the collective research effort of the NHS and NIHR through collaboration and dialogue with, and dissemination through, the NIHR Clinical Research Network and the NHS Health Services Research Network (HSRN). The project team will liaise with the NIHR Mental Health Research Network (MHRN) nationally (run out of the Institute of Psychiatry, where the Chief Investigator and three other members of the research team are based) and through the West Hub of the MHRN and PenCLAHRC in the following ways:

- regular meetings and the submission of interim and final reports
- development of recommendations and practice principles to underpin and support decision making at the NHS/CJS interface for individuals with EMHN
- contribution to knowledge generation and awareness through the MHRN Annual Conference
- dissemination of research findings in peer-reviewed academic journals and practice-focussed publications relating to the NHS and Police.

The project team will liaise with the HSRN through regular meetings and the submission of interim and final reports to:

- facilitate the dissemination and utilisation of project findings and outcomes to relevant policymakers and managers
- contribute to events organised by the Network and thereby engage with fellow health service researchers and managers to establish synergies and identify potential further collaborative research opportunities

The project team will liaise with and build on the work of the NIHR Mental Health Research Network Service Users in Research and Institute of Psychiarty's Service User Research Enterprise (SURE) in order to ensure effective service user involvement. Regular evaluation and feedback from service users, who are already engaged and have agreed to participate in the proposed project will be reported to the MRHN Service Users in Research Group and all service users will be encouraged to participate in the Group's events.

The project team will liaise with the SDO funded COCOA project (Care for Offender: Continuity of Access) team from the Peninsula College of Medicine and Dentistry and Sainsbury Centre for Mental Health to identify areas of synergy and potential learning. The project team will report to the Local Criminal Justice Agencies Group (formerly the Mentally Disordered Offenders Group), which relates to a peninsular-wide group where major stakeholders (CPS, Probation, Primary Care Trusts, Local Authorities, Police and Provider Trusts) are represented.

Through these networks, and the particular constitution of the research team (being NHS, CJS, academic and service user), the proposed research will ensure that knowledge is translated into practice: enhancing organisational delivery of health care, multi-agency working, and client care. Moreover, the research will build research capability and capacity within the Forensic Psychology Service in Cornwall, improving their understanding of academic literature and national policy and practice documents in the area of focus, as well as their improving their engagement with and use of research evidence such that it drives increased performance and better outcomes for clients.

Finally, the more recent engagement of colleagues at the Institute of Psychiatry in this proposal enhances the potential to extend the work proposed here in the future to other regions of England and the UK in further collaborative research. The genuine partnership and collaboration that has yielded the pilot that provided the basis for this bid, and that has informed the development of this proposal, will enable valid and reliable knowledge to be generated and applied in the much-needed area of individuals with EMHN, thereby enhancing their health outcomes.

The team have proposed a number validation strategies to ensure that the findings of this single site study are transferable to other parts of the UK. These will be conducted in collaboration with the research networks described above to ensure maximum generalisability and relevance of findings.

Additional Information:

Clarification of the ethics approval (including access to records) required for the study:
Approval by relevant ethics committees, research and development departments and organisations will be achieved prior to the commencement of funding (refer to plan of investigation and timetable above). The clinical audit has been agreed in principle from Cornwall Partnership Foundation NHS Trust. The nominal audit has been approved by Devon and Cornwall Constabulary. Honorary contracts to enable the Research Manager and Research Assistant to conduct this work will be processed on receipt of approval. Research ethics approval will be required in order to use the cases identified through this audit as the potential sample for the case-linkage study, for the use of records for the case-linkage study itself and the stakeholder consultation stage of the project involving both service users and NHS and Police professionals.
The process to be taken by the research team to secure research ethics and associated access approvals is detailed below:
1. Police approval and access will be confirmed via the finalising of the Data Processing Agreement, ultimately endorsed by the Chief Constable of Devon and Cornwall Constabulary (March 2011).
2. NHS IRAS form and documentation to be completed and application made to the Local Allocation Service for the project to be considered by the NHS South West Research Ethics Committee 1(meeting scheduled on the 19th April 2011).
3. Research and Development approval and registration and Site Specific Assessment to be sought from Cornwall Partnership NHS Trust Research and Development Office. Liaison with the Caldicott Guardian and Information Governance Manager will be maintained throughout the study.
4. Research ethics approval processes will be followed within the Institute of Psychiatry, King's College, London and the Faculty of Health, University of Plymouth on receipt of NHS ethics and associated approvals. The Institute of Psychiatry requires the NHS approved ethics forms and Police Data Processing Agreement to be lodged with the Institute's Research and Development Office. The University of Plymouth approval process is such that approval is usually granted by Chair's action with a week of submission of confirmation of NHS REC approval and completed University of Plymouth research ethics documentation.

Document Links:

Team Expertise

Please provide a clear account of the team assembled and the skills and expertise each member will provide.

The proposed research involves a partnership between academics at the Institute of Psychiatry (IoP), including the Service User Research Enterprise (SURE), and the University of Plymouth (UoP), the NHS, and the Police, and further includes the active participation of two consultant service users in Cornwall The skills and expertise of the multi-disciplinary research team enable a comprehensive, critical, analysis of the issues surrounding the management of individuals with EMHN. Moreover, their collaborative relationship provides a unique opportunity to explore the often complex and sometimes fraught interface between the NHS and the CJS. Academic-practitioner-service user research collaborations have become more commonplace in recent years with the recognition that through them greater integrity of the research process may be achieved (Marks et al, 2009).

Susan Lea is Professor of Applied Social Psychology, with 20 years experience of working and researching in the area of mental health including learning disabilities, sexual and domestic violence. She has developed a robust framework for evaluating multi-agency health and social care initiatives with Dr Callaghan and they have worked closely with a range of stakeholders including service users, and community and statutory organisations to deliver service improvements. Dr Callaghan has led and collaborated on a variety of health, educational and service research/evaluation projects using both qualitative and quantitative methodologies including the SDO funded scoping exercise EH2 e-health stakeholder consultation for which she wrote the final report.

Mr Morgan is a chartered forensic and clinical Consultant Psychologist with experience of delivering services to mentally disordered offenders in settings ranging from the community to maximum security. He represents the Trust at the Strategic Management Board for the Public Protection Arrangements and his interests are multi-agency approaches to clinical risk management, mental health service delivery and public health impact. Dr Lynn is both a police officer, specialising in domestic violence and partnership working, and an Associate Lecturer in the School of Law and Social Science at UoP. He is currently working on the joint research project between Devon & Cornwall Police and NHS Partnership Foundation Trust to explore how the police can work more effectively with mental health practitioners in the NHS and voluntary sector. Nick researched and published with Professor Lea in the area of policing. Mr Grafton (MBE) is currently Head of Professional Standards with Devon and Cornwall Constabulary. He has a strong history, expertise and experience of working to enhance practice and in promoting multi-agency working and has worked with Prof Lea on various academic and practice initiatives.

Graham Thornicroft is Professor of Community Psychiatry, and Head of the multi-disciplinary Health Service and Population Research Department at the IoP. His areas of interest include mental health needs assessment and, with Dr Patel, the cost effectiveness of mental health interventions. The recent inclusion of these two team members has enable a health economics angle to be added to the research. Together with Dr Rose, senior lecturer in user-led research and co-director of the Service User Research Enterprise (SURE), these colleagues enhance the team's expertise and capacity for national networking.

Please provide details about any related (completed, planned or active) grants held by any member of your research team in this or similar research areas. You should include a clear explanation of how the research being proposed in this application will fit.

None of the research team has any planned or active grants in this or similar areas. However, Prof Lea and Dr Callaghan have had previous grants evaluating multi-agency health and social care initiatives using the theoretical/conceptual framework described above, including service users in the research process, and using secondary data. These include, for example, work funded by Plymouth City Council relating to the needs of domestic violence survivors, and by the Police in relation to sexual violence. Prof Lea and Dr Lynn have previously collaborated on understanding police processes in relation to mundance crime and in the areas of racism and domestic violence. Detective Superintendent Grafton is currently pursuing a PhD at the University of Plymouth and has worked closely with Prof Lea and Dr Callaghan on various projects. Prof Thornicroft, Dr Patel and Dr Rose do not have any related grants in this or similar areas.

If you intend to link with any of the NIHR Clinical Research Networks (http://www.ukcrn.org.uk) please give details.

The project is aligned to the work of the NIHR Mental Health Research Network (MHRN). The team will work both nationally and locally through the West Mental Health Local Research Network and Clinical Research Hub.

Please list any benefits you may have identified from working with the NIHR Clinical Research Network(s):

The benefits of working with the NIHR MHRN are:

1. Furthering established links with Cornwall Partnership Foundation NHS Trust, through working in collaboration with the Clinical Research Hub's clinical component.
2. Contributing to knowledge within the academic component of the West Clinical Research Hub through reports and presentations.
3. Seeking advice from the network in terms of service user and carer involvement in both implementing and conducting the project.
4. Disseminating project findings at both local West Clinical Research Hub events and meetings (as appropriate) and the MHRN Annual National Conference.
5. Maximising the impact of the study's findings, nationally and locally, in terms of enhancing practice in relation to the NHS and Police, and service user care.
6. Building research capacilty and capability within the Forensic Team in Cornwall Partnership Foundation NHS Trust specifically and with networked managers and practitioners more widely.