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## **MHNAUK Response to The Goals for Mental Health Research**

Mental health nurses are the largest professional group in the workforce and as mental health nurse academics, we welcome the articulation of shared goals for mental health research for the 2020s (Wykes et al, 2020). Mental health nurse researchers need to be funded, supported and enabled to be at the centre of multi-disciplinary mental health research efforts in the 2020s, building on their undoubted expertise in engaging and collaborating with those who use mental health and related services.

We also welcome the focus on multimorbidity. The impact of physical health conditions associated with long-term serious mental illness, including reduced life expectancy, is now well-recognised (Firth et al 2019). It exposes the woeful failure of healthcare services to provide truly holistic care and the tendency for these patients to be excluded from health services intervention research (Humphries, Blodgett & Roberts 2015).

There is an emerging recognition that those with long-term physical health conditions also require psychological understanding and support (Naylor et al., 2012). Mental health nurses should be at the heart of initiatives that investigate how best to overcome the deficits in knowledge, skills, competence and confidence deficits that impair holistic care. They should work with other healthcare professionals to improve screening and liaison, and design and test interventions that improve patient outcomes and support for families.

Reference in the document is made in broad terms to work that will help services choose and organize evidence-based interventions and translate results from controlled studies into practice which suggests that this knowledge exists. Yet major areas of practice, most notably inpatient care, have a dearth of robust research, especially controlled trials. Even basic considerations of safe staffing levels cannot be informed by research evidence (Lawes, Marcus & Pilling 2018, NHS Improvement 2018).

Whilst acknowledging that we must improve mental health service access, ensuring that the care people then receive is evidence-based must be an explicit priority. Around half of all mental health nurses still work in the costliest part of the service, inpatient settings (McCrone et al 2008). The proportion of inpatients admitted under compulsion has consistently risen in the UK, so admission has progressively ceased to be a matter of choice (Wessely 2018). Yet inpatient settings still experience variable levels of conflict and containment and highly variable service user experience (Crisp et al., 2016). We lack evidence on 'what works' or 'what works best', including alternatives to traditional inpatient care, with very few studies providing tentative pointers towards best practice (Bowers et al., 2015)

Finally, mental health nurses are acutely aware of the research evidence on the socio-economic factors that create the seedbed for early mental health problems, the environment to ensure they flourish, and the policies that undermine and restrict the ability of mental health services to provide the highest quality interventions and support (Kivimäki, et al., 2020, The King's Fund, 2015). Perhaps another goal for the next decade is for mental health researchers to marshal the research evidence to inform national government policies and have a higher profile in vigorously articulating the arguments for changes in social-economic policies that affect mental health.

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On behalf of Mental Health Nurse Academics UK

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