MHC

Coimisiún Meabhair-Shláinte | Mental Health Commission

Mental Health Commission
Research Strategy

Research Strategy for the Mental Health Commission

Prepared by
Fiona Keogh

2005

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Foreword

The Mental Health Commission's Strategic Plan 2004 - 2005 recognises the importance of high quality research in mental health services, and identified as one of its strategic priorities - "to promote and enhance knowledge and research on mental health services and treatment interventions". The publication of the Mental Health Research Strategy is a significant and positive development in addressing this strategic priority.

It is widely acknowledged that high quality research enhances strategic planning and service delivery. It is of equal importance to the policy maker, the practitioner and the user of the service. The challenge for the Mental Health Commission, in collaboration with all our stakeholders, is to promote research in the Irish mental health services which will be accessible and relevant to those working in the mental health services, involves users, addresses the complexities and changing needs in mental health and encourages innovation and critical appraisal. The Action Plan, outlined in this Research Strategy, will facilitate the development of a comprehensive body of research information and knowledge in relation to the mental health services in Ireland, and promote strategic alliances between academic centres and institutions, and the mental health services.

This publication has been prepared by Dr. Fiona Keogh, Research Consultant, on behalf of the Mental Health Commission. I wish to record the Commission's appreciation to her in developing the Research Strategy for the Mental Health Commission.

Bríd Clarke

Chief Executive Officer

January 2005

Straitéis Taighde an Choimisiúin Meabhairshláinte

Réamhfhocal

Aithníonn Plean Straitéiseach an Choimisiúin Meabhairshláinte 2004-2005 an tábhacht a bhíonn le taighde d'ardchaighdeán ó thaobh seirbhísí meabhairshláinte agus aithníodh - *"eolas agus taighde ar sheirbhísí meabhairshláinte agus ar idirghabhálacha cóireála a chur chun cinn agus a fheabhsú"* mar cheann de na tosaíochtaí straitéiseacha. Is forbairt shuntasach agus dhearfach é fhoilsiú an Straitéis Taighde Meabhairshláinte chun aghaidh a thabhairt ar an dtosaíocht straitéiseach sin.

Tá sé aitheanta go forleathan go gcuireann taighde d'ardchaighdeán le pleanáil straitéiseach agus le seachadadh seirbhísí. Bíonn an tábhacht chéanna leis don déantóir polasaí, don chleachtóir agus d'úsáideoirí na seirbhísí. Is é an dúshlán atá roimh an gCoimisiún Meabhairshláinte, i gcomhar lenár ngeallshealbhóirí go léir, ná taighde ar sheirbhísí meabhairshláinte na hÉireann a chur chun cinn, taighde a bhíonn inrochtaine agus cuí dóibh sin a bhíonn ag obair sna seirbhísí meabhairshláinte, ina mbeidh úsáideoirí páirteach agus ina dtugtar aghaidh ar chastachtaí agus ar na riachtanais a bhíonn ag athrú ó thaobh meabhairshláinte agus ina spreagtar nuálaíocht agus breithmheas criticiúil. Éascóidh an Plean Gnímh atá léirithe sa Straitéis Taighde seo méid chuimsitheach forbairt faisnéise agus eolais i ndáil le seirbhísí meabhairshláinte na hÉireann, agus cuirfidh comhpháirtíochtaí straitéiseacha idir lárionaid agus institiúidí acadúla agus na seirbhísí meabhairshláinte chun cinn.

Is í an Dr. Fiona Keogh, Comhchomhairleoir Taighde a d'ullmhaigh an foilseachán seo thar ceann an Choimisiúin Meabhairshláinte. Ba mhaith liom buíochas a ghlacadh léi thar ceann an Choimisiúin as ucht Straitéis Taighde an Choimisiúin Meabhairshláinte a fhorbairt.

Bríd Clarke

An Príomhfheidhmeannach

Eanair 2005

The Mental Health Commission

The Mental Health Commission is an independent, statutory body and was established in April 2002 under the provisions of the Mental Health Act 2001. The principle functions of the Commission, as specified in the Act, are to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres. The Commission is also empowered to undertake such activities as it deems appropriate to foster and promote these standards and practices. *The Strategic Plan 2004-2005* of the Commission outlines six strategic priorities, one of which is "to promote and enhance knowledge and research on mental health services and treatment interventions". One of the targets for achieving this strategic priority is to publish the research strategy for the Mental Health Commission.

"to promote and enhance knowledge and research on mental health services and treatment interventions"

What is research?

For the purposes of developing a research strategy it is useful to define what is meant by research. The Health Research Board (HRB) Consultation Document *Making Knowledge Work for Health* (2000), gives a useful definition of research in this context:

"Research is an activity with the following characteristics:

- it is intended to provide new knowledge and/or understanding

- the results are generalisable. The methodology is designed so that the results will be of value to those facing similar problems or can be reproduced in similar circumstances

- the findings are put in the public domain for critical examination and access by those who could benefit from them."
(p.14, HRB, 2000).

There are other activities that overlap with research to some extent, or share some features of this definition, such as routine data collection and clinical audit. These may contribute to the research process but do not fall completely within the definition described above.

Why do we need a mental health research strategy?

Mental health is a key health issue. It has been stated that "there is no health without mental health" (Lavikainen et al., 2001). One quarter of the population can expect to be affected by a mental health problem at some time in their lives. The cost of mental ill health has been estimated at approximately £3 billion per annum in Northern Ireland (Northern Ireland Association of Mental Health, 2004). One of the challenges for mental health research is to ensure that the resources devoted to it reflect the prevalence, burden and cost of mental ill health in Ireland.

In spite of this significant burden of mental ill health, there is a paucity of high quality mental health research in Ireland that has an impact on mental health policy or service delivery. There is little published research in Ireland on how best to deliver high quality mental health services. What are the components that work and how can they be replicated? The capacity to carry out high quality research is certainly present, as evidenced for example, by the international collaborative studies being carried out by the Health Research Board and the Virginia Commonwealth University (Straub et al., 2002), but their focus on genetic epidemiology is very specialist- and clinically-based.

Service users demand mental health services that are of the highest quality and that provide treatment and care that is effective and is based on sound evidence. Service providers are striving to provide these services. Research is a key factor in the delivery of mental health services that aim to operate to the highest standards of evidence-based treatment and care. The importance of an evidence-based approach is emphasised in the Health Strategy *Quality and Fairness* (2001) which states that evidence and strategic objectives should underpin all planning/decision making:

"…evidence of effectiveness must inform the policy and decision-making process across the health system. An evidence-based approach will ensure clearer accountability and support improved outcomes generally." (p. 86).

The promotion of an evidence-based approach to the provision of mental health services is one of the functions of the Mental Health Commission. However, there is a lack of quality mental health research in Ireland that can direct service development in a strategic manner. Some of the reasons for this are explored here and the areas in which research has a critical function are outlined.

The importance of mental health research

Service planning

The first step in providing equitable mental health services is a population-based needs assessment. Services cannot be planned without some knowledge of how many people in the population need what service. The type of questions faced by service planners include; how many adolescents in our catchment area are likely to develop a psychosis? How long are they likely to need specialist services and what type of services will they need? How many people in our catchment area have depression that needs treatment in a specialist mental health service? What are the particular needs of these individuals and how best can our services meet these needs? These are questions that must be answered if services are to be planned that will be responsive, effective and equitable. These are questions that can be answered through accessing available information and specific research. Some have already been answered and many more remain to be answered.

Effective services

Most research is conducted at the level of the individual, answering questions such as how effective a specific intervention is for a specific problem. This type of research is essential in providing evidence-based care, so that interventions that have been shown to be effective are available for service users. How we should structure our services around the individuals and their different needs is not so well understood, as the management and organisation of mental health services is an often neglected aspect of research. What model of service delivery is most effective and efficient? What interventions should be provided in what settings? Service level research is needed to answer such questions. Service providers must be familiar with current best practice in their area and be able to access and understand data and methodologies to implement best practice.

Driving mental health service development

Rigorous, well-conducted research has the potential to lead to more responsive, efficient and effective mental health services. However, mental health service-based research has so far had little effect on shaping policy or driving service developments (Fitton, 2002). One of the key reasons for this is the lack of dissemination of research findings. A good deal of mental health research is carried out in Ireland, but it tends to remain very local and therefore others don't find out about potentially useful service innovations or interventions. There are also gaps in our knowledge in terms of what works best in the organisation and delivery of mental

health services. Larger scale, more sophisticated studies may be required to identify the mechanisms whereby interventions are effective, and part of this process is ensuring that the relevant staff are appropriately trained in delivering these interventions (Thornicroft et al. 2002). High quality mental health research, designed with a view to dissemination is required to drive further mental health service developments.

Driving staff development

The opportunity to carry out research is a requirement of the contracts of some health care staff, and is strongly supported by the professional organisations of all disciplines as essential for continuing professional development (CPD). It is also an important factor in creating a dynamic working environment and thus helps in retaining staff. The developments in nursing, in particular the role of the clinical nurse specialist (CNS) and the advanced nurse practitioner (ANP), offer significant potential for the development of mental health research, as research is specified as a core part of the role of the CNS and the ANP.

At the moment, nurses, along with other professionals working in the mental health services, are usually required to conduct some research as part of their undergraduate or postgraduate training. This research is often not disseminated very widely. Structures are required to help increase the potential of such research, for example, using it as a pilot study for an investigation of a service innovation or intervention.

Mental health information

There is no national mental health information system. Mental health services around the country vary greatly in the information they collect, how it is collected and the IT infrastructure available to do this. A few services have well developed, comprehensive, computer-based information systems which capture the activity and to some extent the outcome of mental health services on an individual patient basis. The vast majority of services however, still work from paper-based systems. Limited service-based information is available (for example a total count of attendances at a service) but information which needs to recorded on an individual patient-basis (such as diagnosis, to report diagnostic profile of attenders) is not routinely available. The Health Research Board (HRB) provides useful national information on inpatient activity (the National Psychiatric Inpatient Reporting System, NPIRS), but this is only one part of mental health services today. Limited information on community-based services is available

from the reports of the Inspector of Mental Hospitals. All mental health information in Ireland is limited by the lack of a unique identifier for service users. Thus the NPIRS can tell us the total inpatient admissions for a year, but not how many individuals were admitted. There is also a clear lack of investment in mental health information, compared to the Hospital Inpatient Enquiry (HIPE) for example, which funds data collectors and equipment in all acute hospitals. There is no such infrastructure for mental health information.

Good quality information is a pre-requisite to mental health research and much of the time and effort in mental health research in Ireland is taken up with collecting the type of information that should be readily available from a computer-based information system.

The recommendations and actions in the recently published *National Health Information Strategy* (Department of Health and Children, 2004), if implemented, will greatly improve the collection and dissemination of mental health information. For example, it is proposed that a system for unique identification within the health sector using the PPS number be introduced (Action 16), that an electronic healthcare record be implemented (Action 15) and that a national population health observatory be established (Action 11). In addition, it is proposed that a Health Information Portal be developed (Action 14). This would enable a single point of access to all health information in the country and will be an invaluable research tool.

Research infrastructure

Research infrastructure for mental health is greatly underdeveloped in Ireland. There is no identified fund for mental health research and no national strategy for mental health research. The lack of an identified mental health research infrastructure makes it very difficult for interested individuals in mental health services to carry out research, as they must firstly devote time to procuring funding for essential items such as computers before they can carry out even basic research. Unfortunately, researchers can find themselves in the vicious circle of being unable to secure funding in a grants process because of the lack of a track record in research and the lack of an established infrastructure. Research is a way of generating funding for support staff who can then facilitate a wider research function, thereby drawing in more research funding. It is often a matter of creating a 'critical mass' of research infrastructure to enable individuals to produce useful, high quality research, which in turn, enables them to apply for grants and so further enhance their research capability.

Summary

The central answer to the question of why we need a mental health research strategy is because of the dearth of mental health research in Ireland and the lack of impact of most of the mental health research that has been carried out. What works in Irish mental health services and why does it work? What do we need to ensure more high quality, effective mental health research is carried out? A mental health research strategy will give an overall direction and guidance to mental health research in Ireland and will help prioritise issues and identify areas for action to produce real results. The ultimate aim of this mental health research strategy is to promote a mental health research community that is dynamic, productive and innovative, producing high quality research that is responsive to service needs, involves users, helps create services that are evidence-based, and which impacts positively on how mental health services in Ireland are planned, implemented and evaluated. This research strategy encompasses all mental health services, all disciplines involved in providing mental health services, service users and carers, voluntary organisations and other organisations involved in mental health and related research.

Following an examination of the context for mental health research nationally and internationally, a series of actions will be outlined in order to achieve this aim.

The ultimate aim of this mental health research strategy is to promote a mental health research community that is dynamic, productive and innovative, producing high quality research that is responsive to service needs, involves users, helps create services that are evidence-based, and which impacts positively on how mental health services in Ireland are planned, implemented and evaluated.

The national context

There is no national policy devoted to mental health research. *Making Knowledge Work for Health - A Strategy for Health Research* (Department of Health and Children, 2001) is the national strategy for health research. Health research is important because:

■ research is a key factor in promoting health, combating disease, reducing disability and improving quality of care

■ research is vital if the health services are to become more efficient and effective.

The importance of research in encouraging health professionals to undertake their training and seek employment in Irish health services was also noted in the *Health Research Strategy.* The need for the establishment of a research and development function within the health services was acknowledged, and to achieve this it was recommended that:

■ a research and development officer be appointed to the Department of Health

■ research and development officers be appointed in health boards and in specialist health agencies

■ health boards and specialist agencies should prepare institutional research strategies that reflect health service priorities

■ a Forum for Health and Social Care Research be set up to advise on agreed research agendas and address the main objectives of the health services.

Unfortunately, there has been very limited implementation of these recommendations and the research function in health boards is still seriously underdeveloped. The HRB is the only agency which has appointed a research and development officer. This leaves a critical vacuum at the Department of Health and Health Board level, with no direction on research and no means or funding to develop this function.

The pronouncements on health research in the *Health Research Strategy* apply equally well to mental health research. It could be argued that they have an even greater resonance for mental health research as the capacity for this type of research is so underdeveloped in Ireland, compared to other areas of health research which are more technologically based. This is reflected in the provision of research grants for health research from the HRB. Of the 170 research project grants awarded by the HRB in 2001-2003, four (2%) were under the heading "Mental Health and Clinical Neurology". Three of the four could be classed as clinical neurology and the other was in 'mental health'. All four were to individuals in universities or research centres. Under the heading "Health Services Research and Practice-based Research", 16 grants were awarded, one of which was in the mental

health area. It may be that few applications are being submitted from the mental health disciplines. It is argued that this does not reflect a lack of interest in research in mental health, nor a lack of individual expertise, but a lack of the infrastructure that is required to support the research process.

Health Strategy

The Health Strategy *Quality and Fairness: A Health System for You* (Department of Health & Children, 2001) has set down the principles which will guide the development of the health service in the next ten years. Under each of the principles a number of goals and objectives are described to achieve the vision of the Strategy. *The National Health Research Strategy* (Department of Health and Children, 2001) is seen as the key driver in the whole area of evidence-based health care and Action 73 of the *Health Strategy* states that: "Health research will continue to be developed to support information and quality initiatives". The deliverable on this is the implementation of the *Health Research Strategy* from 2002 onwards. Responsibility for the implementation of the *Health Research Strategy* is shared by the Department of Health and Children, the HRB and service providers. However, as noted above, most of the recommendations of the *Health Research Strategy* have yet to be implemented.

The Primary Care Strategy (Department of Health and Children, 2001) recognises that "a key component of a high quality system is a high-performing research and academic community" and recommends that academic research centres be created as an authoritative source of policy and practice advice. *The Primary Care Strategy* is in the process of being implemented in a series of pilot sites and no academic research centres have yet been identified.

Current mental health research in Ireland

Mental health research and other research relevant to mental health is currently carried on in individual mental health services by interested professionals in all disciplines, by voluntary organisations such as Schizophrenia Ireland and GROW, in universities and other academic institutions, in the Health Research Board and in other organisations. Research that is carried out by individuals is often poorly funded, or not funded at all, is ad hoc and very local. Larger scale, well-funded research tends to focus on clinical issues. For example, of the four studies funded by the HRB in recent years which focus on schizophrenia, three are concerned with genetics and one is a service innovation on carer education. However, there is no lead organisation or individual with a mandate to organise, promote and facilitate mental health research. There are no clear national priorities for mental health research and there is no mental health research agenda. In this vacuum mental health research will continue to be ad hoc, small scale and of limited usefulness to mental health services.

Future developments relevant to mental health research

There are several forthcoming policy and strategic documents that will impact on mental health research and structural changes proposed by the health service reform programme which are also relevant. *The Prospectus Report* (2003) proposed the development of a Health Information and Quality Authority (HIQA) and this is underway as part of the health service reforms. It is expected that this authority will be formed within the next year. While there is no explicit research function for the HIQA there is an emphasis in terms of its role and function on the development, analysis and dissemination of health information to meet the needs of service providers and users. There is also an emphasis on the provision of information on high quality services that are evidence-based.

An Expert Group on Mental Health has been convened to draw up a new mental health policy, and it is expected that this document will have recommendations on mental health information and research. This report is not expected until mid-2005.

Conclusions

In the overall health service, research and information have traditionally had a low profile. Health service providers have tended to focus on delivering services on a reactive basis. A strategic approach to planning and developing health services has been adopted relatively recently. In this type of culture, research and information are greatly undervalued; an "add-on" activity, to be indulged in when an individual or service has the time and some funding.

These observations are equally true for mental health services. It could be argued that the functions of information and research are even more poorly developed in mental health than in general health services. We need to look at the place of research in organisations and whether the culture of health organisations is supportive of information and research. We need better links between mental health information, audit of services, continuing education, research and service development. These need to be part of the strategic priorities of mental health services, not luxury add-ons. This central importance of research was expressed by the Secretary of State for Health in the UK in the Final Report of the *Research for Patient Benefit Working Party* (Department of Health, 2004):

"For us, science and research constitute a front-line service, as they too, reduce distress and pain and save lives."

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The international context

European Union (EU)

Under the health information and knowledge strand of the *Public Health Programme* of the EU, a *Mental Health Working Party* was established in 2003. The aim of the Working Party is to contribute to the improvement of information and knowledge and to the promotion of positive mental health and well-being and prevention of mental ill-health. Among the tasks of this Working Party are:

- to contribute to the compilation and development of a sustainable health monitoring system in the field of mental health, to the collection, sharing and diffusion of mental health data

- to advise on the preparation of a European strategy in mental health

- to evaluate, benchmark and diffuse national "good and best practices"

- to examine the possibilities of common evidence-based actions.

As this working party has only recently been established it has had a limited impact to date.

England and Wales

A recent development in England and Wales is the establishment of the *National Institute of Mental Health in England* (NIMHE), the aim of which is to work with others to improve services and support for people who experience mental distress. One of the standing programmes for the NIMHE is the *Mental Health Research Network* (MHRN), the principle aims of which are:

- to organise and deliver large-scale research projects to inform policy and practice as it develops, and to help services implement change

- to broaden the scope and capacity of research, including full involvement of service users and carers in commissioning and delivering research

- to help identify the research needs of mental health (particularly in health and social care), working with frontline staff, service users and carers

- to develop research capacity through a range of initiatives at a local, regional and national level.

The MHRN supports high quality research that will remain useful over time, connects research to practice and will ultimately improve the quality of treatment and care for people using mental health services.

There are seven key priority areas for research in England and Wales, one of which is mental health. The *Policy Research Programme* commissions research to support a wide range of policy activity in health and social care and the *Research Capacity Development Programme* provides personal awards and funds academic infrastructure to support research capacity development within the NHS. In England

and Wales, the Department of Health spent approximately £540 million (2002-2003) through these research programmes on health research in general (not just mental health research).

The World Health Organisation

The World Health Organisation Report (2001) *Mental Health: New Understanding, New Hope,* is a seminal report which marked the beginning of a renewed interest in mental health internationally. This report specifies ten recommendations for action which are key values or principles which WHO believes should be adapted by each country according to its needs, and implemented to improve mental health services. One of these ten recommendations is to support more research. The different areas of mental health research discussed in the WHO report are:

■ **epidemiological research** - epidemiological data are essential for setting priorities within mental health and for designing and evaluating public mental health interventions. While the National Psychiatric Inpatient Reporting System managed by the Health Research Board provides data on one part of mental health services, there is a paucity of information on the prevalence and the burden of major mental and behavioural disorders in Ireland;

■ **treatment, prevention and promotion outcome research** - effective interventions must be developed and disseminated. WHO believes there is a 'knowledge gap' concerning the efficacy and effectiveness of pharmacological, psychological and psychosocial interventions. A distinction is made between efficacy research, which refers to "the examination of an intervention's effects under highly controlled experimental conditions", and effectiveness research, which "examines the effects of interventions in those settings or conditions in which the intervention will ultimately be delivered." Where there is an established knowledge base for an intervention, as there is for the efficacy of a number of psychotropic drugs for example, there needs to be a shift in research emphasis towards the conduct of effectiveness research. There is also an "urgent need" for implementation research into those factors likely to enhance the uptake and utilisation of effective interventions in the community. This describes what is termed "service-based research" in this strategy and is the focus of Strategic Priority Four of the Mental Health Commission;

■ **policy and service research** - among the priorities for WHO under this heading is an examination of training requirements for mental health professionals, given the critical

importance of human resources for administering treatments and delivering services. More research is needed on informal care and the interface with primary care. WHO also believes more research is required to understand better the effects of policy decisions on access, equity and treatment outcomes;

- **economic research** - given the great potential economic evaluations have to provide information to support choice of interventions and rational planning, it is important that there is local information on the costs of mental illness and local economic evaluations of treatment, prevention and promotion programmes. There is a paucity of up-to-date local data on costs in Irish mental health services, or on the costs of mental illness in Ireland.

United States

The importance of mental health research is also recognised in the report of the *New Freedom Commission on Mental Health* (2003) in the United States. This Commission was created in 2002 and was charged with studying the problems and gaps in the mental health system and making concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as public and private health care providers could implement. The Commission identified six goals as

the foundation for transforming mental health care in America. It was stressed that these goals are "intertwined" and that no single step can achieve the restructuring that is needed to transform the system.

One of these six goals (Goal 5) states that: "Excellent mental health care is delivered and research is accelerated". The recommendations under this goal are:

- Recommendation 5.1: Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.

- Recommendation 5.2: Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

- Recommendation 5.3: Improve and expand the workforce providing evidence-based mental health services and supports.

- Recommendation 5.4: Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma and acute care.

The National Institute for Mental Health in the US (which is the national body for mental health research) has a budget of approximately $1.3 billion (2003) to support in-house research and research in universities and hospitals.

Mental health research infrastructure

The requirements to undertake mental health research include the following:

- the availability of individuals with expertise in conducting research, including expert advice on research design, IT/computer hardware and software, expert statistical advice, other experts in the relevant area

- sufficient computer facilities and appropriate software

- library resources and internet access

- individuals who can assist in data input and offer research assistance in terms of interviewing subjects and collating information

- access to peer review systems and ethics committees

- research funding.

The central requirement for mental health research is usually for people rather than physical infrastructure, that is, interviewers and experts who can design and carry out a research study. However, many research grants are directed towards the provision of the type of sophisticated testing equipment and laboratory supplies that are required for clinical/bio-medical research.

Funding for mental health research

The provision of any infrastructure requires financial resources. There is no budget for mental health research in the Department of Health & Children or the Health Boards, as there is in the UK for example. This is probably due to the lack of an explicit research and development function as discussed earlier.

One of the main sources of funding for any research in Ireland is through research grants from a number of funding bodies and most mental health research in Ireland is funded in this way. The Health Research Board is one of the main providers of funds for health research in Ireland. Health boards provide 'one-off' type funding for small-scale, local research projects, and voluntary organisations fund research in a similar way. The Higher Education Authority (HEA) awards funding to third level institutions for teaching and research as part of its block grant to these institutions. The HEA has also allocated over €600 million to support joint research programmes through the *Programme for Research in Third Level Institutions.* One of the objectives of this programme is to support high-quality, inter-disciplinary and inter-institutional research. However, this funding is allocated though open competition for all disciplines at third level, thus mental health is competing with many other areas. The Irish Council for the Humanities and Social Sciences (IRCHSS) funds research in the humanities, social sciences, business and law with the objective of creating new knowledge and expertise beneficial to Ireland's social, cultural and economic development. When mental health is competing with many other specialities, it tends not to do well. For example, it has been shown that in Australia, mental illness contributes 19% to the total disease burden (ahead of cardiovascular disease and cancer) but receives less than 9% of national medical research funding (Jorm et al., 2002). One possible solution to this is to have ring-fenced funds for mental health research.

One of the key funders in mental health research is the pharmaceutical industry. The main area of funding is for drug trials. While this funding is undoubtedly useful for carrying out research, the implications of this source of funding must be considered. The influence exerted by drug companies is significant and varied, focusing on individual psychiatrists, medical education, health service initiatives, the organisation of research and the dissemination of research findings. The implications of this influence are far-reaching. It has been argued that the influence of drug companies has "helped to create and reinforce a narrow, biological approach

to the explanation and treatment of mental disorders and had led to the exclusion of alternative explanatory paradigms. In addition, alternative treatment approaches are neglected…and…the adverse effects of drugs are neglected." (p. 1 Moncrieff, 2003).

Bodenheimer (2000) has reported that the pharmaceutical industry now underwrites 70% of research into drug treatments, and he has concluded that "trials conducted in the commercial (research) sector are heavily tipped towards industry interests." There are also concerns around the presentation of findings from drug trials, given the fact that drug companies now control most of the process of most clinical trials from design and implementation through to data analysis, publication and dissemination (Bodenheimer, 2000; Healy and Cattell, 2003).

Codes of ethics for most professions cover sponsorship of clinical trials. The Medical Council's *Guide to Ethical Conduct and Behaviour* (2004) states that doctors; "should not allow their relationship with commercial firms to influence their attitude towards the design or the results of trials". A partnership approach to research means that we must be aware of ethical guidelines and balance the good arising

from the research that can be carried out, with the implications of accepting funding from a vested interest or an agency with a commercial agenda.

In institutions where one of the main functions is research, such as academic institutions and teaching hospitals, there is already an infrastructure in place that does not require separate funding, for example, library resources, computing resources and the availability of expert advice. In these situations, individuals interested in research are in a supportive environment which facilitates the preparation of proposals to access funding for their research. Individuals in a different situation, for example, those working in services with no links to a teaching hospital or academic institution, have little expert support in preparing a research proposal, and also have to look for assistance in setting up the very basic infrastructure (such as a computer) which is readily available in other institutions. Thus it is more difficult for such individuals to access funding and to create the infrastructure which would enable them to access funding.

Substantial funds are now available to appropriately qualified individuals and institutions. For example, the Health Research Board recently announced three Health Research Programme Grants of up to €1 million for a period of five years

(www.hrb.ie). These grants are available to researchers who hold a post in an established academic research centre, and who have a strong international track record in health research. There are currently very few such individuals and centres in Irish mental health research.

In summary, there are many barriers to conducting mental health research in Ireland. At the policy level, the *Health Research Strategy* (Department of Health and Children, 2001) has not been implemented to any significant degree, thus leaving a vacuum in terms of direction, priority setting and funding for health research. There is no national mental health research strategy. There is little established research capacity for carrying out mental health research. With a lack of support for mental health

research at national and local health board level, mental health research is left up to interested and committed individuals fitting research into already over-stretched schedules.

However, there are opportunities to be seized in mental health research. The establishment of the Mental Health Commission and the provisions of the Mental Health Act, 2001, create an environment in which research will be of central importance in mental health services. It is also hoped that this mental health research strategy will help build capacity for mental health research and create a culture in which mental health research and information is seen as a central, underpinning function in the provision of high quality mental health services.

Research governance

The fundamental principles and core values of the Mental Health Commission apply to all aspects of the work of the Commission, including research. Some have a specific relevance to research and are expanded on here with a view to their relevance to mental health research:

- *achieving together* - a partnership approach is essential to producing the highest quality research with greatest relevance to service users and providers. A typical mental health research study might involve; a multidisciplinary team, service users and carers, mental health service management/funders, a third-level institution, a research funding body and more;

- *empowerment and advocacy* - the Commission is committed to facilitating the realisation of the full potential of those availing of mental health services and promoting their best interests. This includes involving users and carers in all aspects of research, not just as subjects, but in designing planning, and carrying out studies;

- *quality* - in research depends on those responsible for the research having the relevant skills and experience to deliver dependable research;

- *dignity and respect* - all participants in a research study should be treated with dignity and respect at all times;

- *confidentiality* - is an essential value of any research.

There are values which are specific to the conduct of high quality research which collectively come under the heading of research governance. We are familiar with clinical governance, which aims to continually improve the overall standards of clinical care. Research governance describes a process aimed at the continuous improvement of standards in research, and in the context of this strategy, of mental health research. A proper governance process is essential to ensure that the public and all those involved in mental health research have confidence in, and can benefit from research. Research governance has become even more important in light of the *EU Directive on Good Clinical Practice in Clinical Trials (2001/20/EC).* This directive aims to:

- protect the rights, safety and well-being of trial participants, consistent with the principles set out in the Declaration of Helsinki

- simplify and harmonise the administrative provisions governing clinical trials by establishing a transparent procedure that will harmonise conditions for co-ordinating trials in the EU by competent authorities, and to ensure the credibility of results.

Good clinical practice is defined in the *Directive* as:

"a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording and reporting clinical trials that involve the participation of human subjects. Compliance with this good practice provides assurance that the rights, safety and well-being of trial subjects are protected, and that the results of clinical trials are credible".

The promotion of a quality research culture is essential for the proper governance of mental health research. The key elements of a research culture are described in the document *Research Governance Framework for Health and Social Care* (Department of Health (UK), 2001) as:

- respect for participants' dignity, rights, safety and well-being

- valuing the diversity within society

- personal and scientific integrity

- leadership

- honesty

- accountability

- openness

- clear and supportive management.

Three domains of research governance are considered briefly here; ethics, science and information.

Ethics

All ethical codes in relation to research are based on the principles of the Helsinki Declaration (WMA, 1964). The Declaration of Helsinki (1964) details the Ethical Principles for Medical Research Involving Human Subjects. Central to this Declaration is that the dignity, rights, safety and well-being of participants must be the primary consideration in any research study. Informed consent is at the heart of ethical research, and all studies must have appropriate arrangements for obtaining this consent. Particular attention needs to be paid to obtaining consent from individuals with diminished intellectual capacity, such as those with an intellectual disability or people suffering from dementia. All research involving inpatients, other service users, or volunteers, should be reviewed independently to ensure it meets ethical standards. The doctrine of informed consent and the application of ethical principles to research are discussed in a Health Research Board document (Sheikh, 2002), which provides useful information for the Irish context. Given the fundamental importance of ethics in

research it is essential that all mental health research is submitted for ethical approval. However, within the current organisational structures, obtaining ethical approval to conduct research in Ireland can present a significant obstacle, particularly if more than one centre is involved. Most ethics committees are hospital-based, with a particular focus on clinical research and may not be familiar with the different requirements for mental health research, particularly service-based research.

Scientific principles

One of the basic principles for all medical research as described in the *Declaration of Helsinki* is that;

"medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature and other relevant sources of information…".

This principle applies to all research (not just medical research) and, therefore, mental health research should be carried out in accordance with fundamental scientific principles. It is essential that existing sources of evidence, especially systematic reviews, are considered carefully prior to undertaking research.

Research which duplicates other work unnecessarily or which is not of sufficient quality to contribute something useful to existing knowledge, is in itself unethical. Proposals for mental health research should be subject to a review process in order to ensure high quality work. However, there is limited access to a review process for many of the individuals in services who are trying to conduct mental health research.

Information

Information on research being conducted and the findings of the research should be freely available, once they have been subjected to appropriate scientific review. This information should be in a format that is understandable to the general public. Final, reviewed results of a study should be made available to participants and to all those who could benefit from them. Routine dissemination practices for mental health research should ensure this. However, it can be difficult to devote the necessary time to dissemination for isolated, single-handed researchers. The protection of patient/subject data is paramount and the requirements of the Data Protection Act (1988) and Data Protection Amendment Act (2003) must be adhered to.

In summary, research governance is a process which:

- sets standards

- defines mechanisms to deliver standards

- describes monitoring and assessment arrangements

- improves research quality and safeguards the public by:

  -enhancing ethical and scientific quality

  -promoting good practice

  -reducing adverse incidents and ensuring lessons are learned

  -preventing poor performance and misconduct.

Research governance is for all those who participate in research, host research in their organisation, fund proposals or infrastructure, manage research or undertake research. Tyrer (2002) believes that one of the consequences of clinical and research governance is that "we can no longer make the distinction between those who are researchers and those who are practitioners. If we practise in mental health, part of our mind should always be attuned to research; to abandon it will lead to stagnation."

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Action plan for mental health research

Some of the structural barriers to mental health research have been discussed in this strategy; chief among them being the lack of infrastructure for mental health research. The importance of research governance and the provision for mental health research nationally and internationally have been outlined. If mental health research in Ireland is to progress it is clear that the following areas need to be addressed:

1. capacity for mental health research

2. systems for recording and disseminating knowledge on best practice in the mental health services

3. creating links in mental health research

4. the research agenda and priorities.

1. Building capacity for mental health research

The lack of mental health research infrastructure was discussed above. Some basic requirements for mental health research include the availability of:

- individuals with expertise in conducting research, including expert advice on designing and planning research, IT/computer hardware and software, expert statistical advice, other experts in the relevant area

- sufficient computer facilities and appropriate software

- library resources and internet access

- individuals who are competent in fieldwork, can assist in data input and offer other research assistance

- access to peer review systems and ethics committees

- research funding.

It is proposed that the Mental Health Commission take the following practical steps to improve infrastructure for mental health research:

- produce guidance on ethics committees and peer review processes for mental health research

- encourage the establishment of regional ethics committees for mental health research

- produce guidance on Data Protection Acts and the Freedom of Information Act

- create awareness among individuals involved in mental health research of facilities that are already available in health services, such as library services, IT facilities and expertise

- produce a directory of sources of research funds.

As funding is probably the greatest single impediment to conducting service-based mental health research, it is proposed that the Mental Health Commission establish a number of research fellowships to enable interested, suitably skilled individuals to conduct research on identified, priority areas.

It may be worthwhile to conduct a brief study among those working in mental health services to establish what they see as the greatest barriers to conducting mental health research. This would enable the Commission to prioritise the above actions and identify other areas that need to be addressed.

"... establish research fellowships."

2. Recording and disseminating mental health research

One of the barriers to the conduct of high quality mental health research in Ireland is the isolation of many of those involved in this research. This is not just geographical isolation, but also isolation in terms of lack of infrastructure, such as being the sole individual trying to design and conduct a study, or not being able to access advice or expertise on different aspects of research. There can also difficulties in establishing what research has already or is currently being done in Ireland, particularly if it is in the "grey literature" (i.e. not widely published).

It is proposed that the Mental Health Commission establish an *Irish Mental Health Research Network and Database* (IMHRN&D) to put researchers in touch with each other and to create a system that will record the mental health research carried out in Ireland.

The primary function of the Irish Mental Health Research Network and Database will be to create a forum whereby individuals interested in mental health research can easily get in touch with individuals with a similar interest. However, a fully functioning network, with a 'critical mass' of individuals, will also serve many other purposes. Chief among these will be the enhancement of current research capacity. For example, an individual who is interested in carrying out research, but is in a situation with no infrastructure, can link up with a centre where this is available. Alternatively, individuals can come together and create a local group which may make the provision of infrastructure such as special computer facilities, more feasible. In time, through the creation of a coherent voice for mental health research, the IMHRN&D should also contribute to the creation of a research infrastructure for mental health research in Ireland by helping to break down some of the barriers currently in place. A mental health research network will enable the Commission to promote and facilitate mental health research throughout the country, and will also facilitate links with other research organisations and international networks. The availability of a database of current and past research will ensure more efficient dissemination of research.

It is proposed to create a web-based network and database by the end of 2005. It will be necessary to set up access protocols and review systems to ensure the quality and safety of the information on these systems. When these systems are in place, it is proposed that a conference be hosted to launch the Irish Mental Health Research Network and Database. A mental health research conference could be hosted annually to create awareness of mental health research and offer a forum for those involved in such research. In the longer term it may be possible to establish a publishing forum for Irish mental health research which would create an accessible forum for researchers, service users and other stakeholders. This type of forum (for example a published annual review of mental health research) would improve the dissemination of findings from mental health research, particularly service innovations.

"… establish an Irish Mental Health Research Network and Database."

3. Partnership in mental health research

The *Health Research Strategy* (Department of Health & Children, 2001) noted that "there was strong support expressed during the consultation process for a partnership approach to supporting research for health". Partnership is also one of the core values of the Mental Health Commission. A partnership approach to mental health research is one which would involve service providers, researchers, service users and carers, academic institutions, voluntary bodies and the healthcare industry.

Involving users in health services is one of the four central principles of the *Health Strategy* (2001). This principle envisages a people-centred health system that "helps individuals to participate in decision-making to improve their health." Involving service users in research is another step in that process. This means involvement not just as subjects, but in designing and carrying out research studies. This is already happening in Ireland through the Irish Advocacy Network, which uses service users to conduct research on mental health services. In their paper on *Creating the infrastructure for mental health research,* Thornicroft et al. (2002) list user participation as one of the important gaps in research coverage. They recommend that there should be a review to establish "meaningful and sustainable ways in which users can directly participate in research." The Mental Health Commission has already commissioned research on service users which will be published in 2005.

While some research relevant to mental health is carried out in third level institutions and other research bodies, there are few, if any, formal links between academic researchers and mental health service providers. To promote these links, and the concept of partnership in mental health research, it is proposed that Mental Health Research Centres be set up in a number of mental health services to carry out multidisciplinary, service-based mental health research. These centres could also pioneer models for involving service users in research which could then be adopted by other researchers.

The healthcare and pharmaceutical industry also have a role in mental health research. In order to clarify this role in light of the potential conflict of interest for researchers funded by drug companies, it is proposed that guidelines be drawn up for the involvement of pharmaceutical companies in mental health research.

"... support Mental Health Research Centres."

4. Setting the mental health research agenda

The Mental Health Commission covers all mental health services and has a mandate to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services. In the course of its work, issues which require further examination or clarification are identified by the Commission. Progress can be made on these issues by identifying them as priorities for further research.

It is proposed that a mental health research committee be established by the Mental Health Commission as a mechanism by which to set the mental health research agenda. This committee could liaise with stakeholders regarding their research priorities, and could draw on Irish and international research to inform this priority setting. In order to reflect the range of interests in mental health care, this committee should be multidisciplinary, and include service users. Individuals with a well established and varied research experience should be included.

Some of the possible research topics that could be considered include the following;

- identifying in a more systematic manner the components of successful community-based mental health services so that they can be replicated elsewhere

- establishing reliable cost data for Irish mental health services. These data could be used in service evaluations and could also help the Mental Health Commission advocate for infrastructure and funding

- the use of a variety of methodologies in mental health research, in particular the greater use of qualitative methods. Randomised controlled trials, while recognised as the gold standard for answering questions on the efficacy of interventions, are not the best method for assessing effectiveness, that is the usefulness of an intervention under everyday conditions. Methodologies using mixed methods, such as case studies, are very useful for answering more complex questions concerning the organisation and structure of services, which is an important issue in the Irish mental health services.

"... establish a Mental Health Research Committee."

Plean gníomhartha do thaighde meabhairshláinte

Tá plé déanta ar roinnt de na bacainní struchtúrtha do thaighde meabhairshláinte sa straitéis seo; ina measc an easpa infrastruchtúir atá ann do thaighde meabhairsláinte. Tá léiriú déanta ar an tábhacht atá le rialú taighde agus le soláthar do thaighde meabhairshláinte go náisiúnta agus go hidirnáisiúnta. Má tá taighde meabhairshláinte in Éirinn le dul chun cinn is léir go gcaithfear aghaidh a thabhairt ar na réimsí seo a leanas:

1. acmhainn do thaighde meabhairshláinte

2. córais chun eolas ar dheachleachtas sna seirbhísí meabhairshláinte a thaifeadadh agus a scaipeadh.

3. comhpháirtíocht ó thaobh taighde meabhairshláinte

4. clár oibre taighde agus tosaíochtaí.

1. Ag cur le hacmhainn do thaighde meabhairshláinte

Pléadh an easpa infrastuchtúir do thaighde meabhairshláinte thuas. Áirítear ar roinnt de na bunriachtanais do thaighde meabhairshláinte a chaithfidh a bheith ar fáil:

- daoine aonair le saineolas ag stiúradh taighde, lena n-áirítear comhairle shaineolach ar leagan amach agus ar phleanáil taighde, crua-earraí agus bogearraí ríomhairí/TE, comhairle staitisticiúil saineolach, saineolaithe eile sa réimse cuí

- saoráidí ríomhairí dóthanacha agus bogearraí cuí

- acmhainní leabharlainne agus rochtain idirlín

- daoine aonair a bheidh inniúil ó thaobh obair allamuigh, ar féidir leo cuidiú le hionchur sonraí agus le cúnamh taighde eile a chur ar fáil

- rochtain ar chórais athbhreithnithe piaraí agus ar choistí eitice

- maoiniú taighde.

Moltar gur chóir don Choimisiún Meabhairshláinte na céimeanna praiticiúla seo a leanas a thógáil chun feabhas a chur ar infrastruchtúr do thaighde meabhairshláinte:

- treoir ar choistí eitice agus ar phróisis athbhreithnithe piaraí do thaighde meabhairshláinte a chur ar fáil

- bunú coistí eitice réigiúnacha do thaighde meabhairshláinte a spreagadh

- treoir ar na hAchtanna um Chosaint Sonraí agus ar an Acht um Shaoráil Faisnéise a chur ar fáil

- feasacht i measc daoine aonair a bhíonn rannpháirteach i dtaighde meabhairshláinte a chruthú maidir le saoráidí atá ar fáil cheana féin sna seirbhísí sláinte ar nós seirbhísí leabharlainne, saoráidí TE agus saineolas

- eolaire foinsí de chistí taighde a chur ar fáil.

De bharr go bhfuil maoiniú ar cheann de na constaicí is mó chun taighde meabhairshláinte seirbhísbhunaithe a stiúradh, moltar gur chóir don Choimisiún Meabhairshláinte roinnt comhaltacht taighde a bhunú chun a chur ar chumas daoine aonair le scileanna oiriúnacha agus ar suim leo é taighde a stiúradh ar réimsí tosaíochtaí aitheanta.

D'fhéadfadh sé a bheith fiúntach staidéar gearr a stiúradh i measc na ndaoine sin a bhíonn ag obair sna seirbhísí meabhairshláinte chun a fháil amach cad iad na bacainní is mó dár leo a bhíonn le taighde meabhairshláinte a stiúradh. Chuirfeadh sé sin ar chumas an Choimisiúin tosaíocht a thabhairt do na gníomhartha thuas agus chun réimsí eile a bhfuil gá aghaidh a thabhairt orthu a aithint.

2. Taighde meabhairshláinte a thaifeadadh agus a scaipeadh

Ceann de na bacainní a bhíonn le taighde meabhairshláinte d'ardchaighdeán a stiúradh in Éirinn ná aonrú go leor de na daoine a bhíonn rannpháirteach sa taighde seo. Ní aonrú geografach amháin atá i gceist, ach aonrú freisin i ndáil le heaspa infrastruchtúir, ar nós a bheith ar an taon duine a bhíonn ag iarraidh staidéar a leagan amach agus a stiúradh, nó gan a bheith ábalta rochtain a dhéanamh ar chomhairle nó ar shaineolas maidir le gnéithe éagsúla den taighde. D'fhéadfadh sé go mbeadh deacrachtaí ann freisin a fháil amach cad é an taighde a bhíonn déanta cheana féin nó cad é an taighde atá á dhéanamh in Éirinn, go háirithe má bhaineann sé le "litríocht liath" (i.e. nach mbíonn foilsithe go forleathan).

Moltar gur chóir don Choimisiún Meabhairshláinte *Líonra agus Bunachar Sonraí do Thaighde Meabhairshláinte na hÉireann* (IMHRN&D) a bhunú chun taighdeoirí a chur i dteagmháil lena chéile agus chun córas a chruthú a dhéanfaidh taifeadadh ar an taighde meabhairshláinte a bhíonn á dhéanamh in Éirinn.

Is é an príomhfheidhm a bheidh ag an *Líonra agus Bunachar Sonraí do Thaighde Meabhairshláinte na hÉireann* ná fóram a chruthú ina féidir le daoine aonair ar leas leo taighde meabhairshláinte dul i dteagmháil go héasca le daoine eile leis an leas céanna. D'fhreastalódh líonra a bheadh ag feidhmiú go hiomlán, le 'mais chriticiúil' dhaoine aonair ar go leor cuspóirí eile freisin áfach. Ina measc sin bheadh acmhainn taighde reatha a fheabhsú. Mar shampla, d'fhéadfadh duine aonair ar suim leis/léi taighde a dhéanamh, ach nach bhfuil aon infrastruchtúr ar fáil, nascadh le lárionad ina mbíonn sin ar fáil. Mar rogha air sin, d'fhéadfadh daoine aonair teacht le chéile agus grúpa áitiúil a chruthú ina mbeadh soláthar infrastruchtúr ar nós saoráidí ríomhairí speisialta níos indéanta. De réir a chéile, trí ghuth chomhleanúnach a chruthú do thaighde meabhairshláinte, ba chóir don IMHRN&D cur le cruthú infrastruchtúr taighde do thaighde meabhairshláinte in Éirinn trí chuidiú le roinnt de na bacainní atá ann faoi láthair a bhriseadh síos. Cuirfidh líonra taighde meabhairshláinte ar chumas an Choimisiúin taighde meabhairshláinte a chur chun cinn agus a éascú ar fud na tíre agus d'éascódh sé naisc freisin le heagraíochtaí taighde agus le líonraí idirnáisiúnta eile. Cinnteoidh bunachar sonraí de thaighde reatha agus de thaighde atá déanta cheana féin a bheith ar fáil go ndéanfar taighde a scaipeadh níos éifeachtúlaí.

Moltar gur chóir líonra agus bunachar sonraí gréasán-bhunaithe a chruthú faoi dheireadh 2004. Beidh sé riachtanach prótacail rochtana agus córais athbhreithnithe a shocrú chun cáilíocht agus sábháilteacht an eolais ar na córais a chinntiú. Nuair a bheidh na córais sin bunaithe, moltar gur chóir comhdháil a reáchtáil chun an *Líonra agus Bunachar*

Sonraí do Thaighde Meabhairshláinte na hÉireann a sheoladh. D'fhéadfaí comhdháil taighde meabhairshláinte a reáchtáil go bliantúil chun freasacht ar thaighde meabhairshláinte a chruthú agus chun fóram a sholáthar dóibh sin a bhíonn rannpháirteach i dtaighde mar sin. San fhadtéarma d'fhéadfaí fóram foilsiúcháin a bhunú do thaighde meabhairshláinte na hÉireann a d'fhéadfadh fóram inrochtaine a chruthú do thaighdeoirí, d'úsáideoirí na seirbhísí agus do gheallshealbhóirí eile. D'fheabhsódh an cineál seo fóraim (mar shampla athbhreithniú bliantúil de thaighde meabhairshláinte foilsithe) torthaí ón taighde meabhairshláinte a scaipeadh go háirithe nuálaíochtaí seirbhíse.

3. Comhpháirtíocht ó thaobh taighde meabhairshláinte

Thug an *Straitéis Taighde Sláinte* (An Roinn Sláinte & Leanaí, 2001) ar aird "go raibh tacaíocht láidir curtha in iúl le linn an phróisis comhairliúcháin do chur chuige comhpháirtíochta chun tacú le taighde do shláinte". Tá comhpháirtíocht ar cheann de chroíluachanna an Choimisiúin Meabhairshláinte freisin. Is éard a bhíonn i gceist le cur chuige comhpháirtíochta do thaighde meabhairshláinte ná ceann a mbeadh soláthróirí seirbhísí, taighdeoirí, úsáideoirí na seirbhísí agus cúramóirí, institiúidí acadúla, comhlachtaí deonacha agus an tionscal chúram sláinte rannpháirteach ann.

Tá rannpháirtíocht úsáideoirí sna seirbhísí sláinte ar cheann de na ceithre phríomhphionsabal den *Straitéis Sláinte* (2001). Samhlaíonn an prionsabal sin córas sláinte duine-lárnaithe a "chuidíonn le daoine aonair a bheith rannpháirteach i gcinnteoireacht chun a sláinte a fheabhsú." Is céim eile den phróiseas sin úsáideoirí na seirbhísí a bheith rannpháirteach sa taighde. Ciallaíonn sé sin rannpháirtíocht ní hamháin mar ábhar, ach ag leagan amach agus ag déanamh staidéir thaighde. Tá sé sin ag tarlú cheana féin in Éirinn tríd an *Irish Adovacy Network,* a úsáideann úsáideoirí na seirbhísí chun taighde ar sheirbhísí meabhairshláinte a stiúradh.

Ina bpáipéar *Creating the infrastructure for mental health research,* deir Thornicroft et al. (2002) go bhfuil rannpháirteacht úsáideoirí ar cheann de na bearnaí is tábhachtaí maidir le clúdach taighde. Molann siadsan gur chóir go mbeadh athbhreithniú ann chun "bealaí inbhuanaithe agus a mbaineann brí leo ina féidir le rannpháirtithe a bheith rannpháirteach go díreach sa taighde" a bhunú. Rinne an Coimisiún Meabhairshláinte coimisiúnú féin ar thaighde maidir le húsáideoirí na seirbhísí agus ba chóir go mbeadh sé sin ar fáil i 2005.

Cé go ndéantar roinnt taighde a bhaineann le meabhairshláinte in institiúidí tríú leibhéal agus i gcomhlachtaí taighde eile, is beag naisc fhoirmúla más ann in aon chor a bhíonn idir taighdeoirí acadúla agus soláthróirí seirbhísí meabhairshláinte. Chun na naisc seo agus coincheap na comhpháirtíochta ó thaobh taighde meabhairshláinte a chur chun cinn moltar gur chóir Lárionaid Taighde Meabhairshláinte a bhunú i roinnt seirbhísí meabhairshláinte chun taighde meabhairshláinte seirbhísbhunaithe ildhisciplíneach a dhéanamh. D'fhéadfadh na hionaid sin samhlacha a bhunú freisin chun úsáideoirí na seirbhísí a bheith rannpháirteach i dtaighde agus a

bhféadfadh taighdeoirí eile a ghlacadh ansin.

Tá ról ag an tionscal chúram sláinte agus cógaisíochta maidir le taighde meabhairshláinte freisin. Chun an ról sin a shoiléiriú sa chás go bhféadfadh coimhlint leasa a bheith ann do thaighdeoirí a bhíonn maoinithe ag cuideachtaí drugaí, moltar gur chóir treoirlínte a dhréachtú maidir le rannpháirtíocht cuideachtaí cógaisíochta i dtaighde meabhairshláinte.

4. Ag leagan amach clár oibre taighde meabhairshláinte

Clúdaíonn an Coimisiún Meabhairshláinte gach seirbhís meabhairshláinte agus tá sé faoi shainordú bunú agus cothabháil ardchaighdeáin agus deachleachtais maidir le seachadadh seirbhísí sláinte a chur chun cinn, a spreagadh agus a chothú. Le linn a chuid oibre, aithníonn an Coimisiún saincheisteanna a mbíonn scrúdú nó soiléiriú breise riachtanach ina leith. Is féidir dul chun cinn a dhéanamh ar na saincheisteanna sin trína n-aithint mar thosaíochtaí do thaighde breise.

Moltar gur chóir don Choimisiún Meabhairshláinte coiste taighde meabhairshláinte a bhunú mar mheicníocht chun clár oibre taighde meabhairshláinte a shocrú. D'fhéadfadh an coiste sin idirchaidreamh a dhéanamh le geallshealbhóirí i ndáil lena dtosaíochtaí taighde agus d'fhéadfadh siad tarraingt ar thaighde Éireannach agus idirnáisiúnta chun an socrú tosaíochta sin a chur ar an eolas. Chun raon leasanna maidir le cúram meabhairshláinte a léiriú, ba chóir go mbeadh an coiste sin ildisciplíneach agus go mbeadh úsáideoirí na seirbhísí san áireamh. Ba chóir go mbeadh daoine aonair le taithí taighde deabhunaithe agus éagsúil san áireamh freisin.

Áirítear ar roinnt de na topaicí taighde a d'fhéadfaí a bhreithniú;

- comhpháirteanna seirbhísí meabhairshláinte pobalbhunaithe rathúil a aithint ar bhealach níos córasaí ionas gur féidir aithris a dhéanamh orthu in áiteanna eile.

- sonraí costais iontaofa a bhunú do sheirbhísí meabhairshláinte na hÉireann. D'fhéadfaí na sonraí sin a úsáid ó thaobh meastóireachtaí seirbhísí agus d'fhéadfadh siad cúnamh a thabhairt don Choimisiún Meabhairshláinte freisin chun infrastruchtúr agus maoiniú a mholadh.

- modheolaíochtaí éagsúla a úsáid ó thaobh taighde meabhairshláinte, go háirithe níos mó modhanna cáilíochtúla a úsáid. Ní hiad trialacha rialaithe randamaithe an modh is fearr chun éifeachtacht a mheasúnú, is é sin fóinteacht idirghabháil faoi ghnáthchoinníollacha, cé go bhfuil siad aitheanta mar an scoth-chaighdeán chun ceisteanna a fhreagairt ar éifeachtúlacht idirghabhálaithe. Bíonn modheolaíochtaí a úsáideann modhanna measctha, ar nós cás-staidéir an-úsáideach chun ceisteanna níos casta a fhreagairt maidir le heagrú agus struchtúr seirbhísí, saincheist thábhachtach í sin i seirbhísí meabhairshláinte na hÉireann.

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