

Research Methods in Mental Health

This practical and comprehensive resource is a must-read for anyone interested in engaging with mental health research. Covering a range of topics and methodologies, this book provides readers with everything they need to know to navigate mental health research today.

Focusing on topics relevant to today's early career researchers, chapters cover the principles of research, tools and methodologies – both quantitative and qualitative – and contemporary applications. The book also covers ethics, equity, and co-production considerations. The inclusion of a Current Trends feature explores key concepts in current areas of lively discourse.

This book will be useful for psychiatrists, clinical psychologists, and other mental health professionals interested in engaging with and conducting mental health research. It will also be a valuable text for MRCPsych candidates sitting their Critical Review paper.

Dawn N. Albertson is Associate Dean of Academic Affairs and Associate Professor of Psychology and Neuroscience, University of New Hampshire, USA. She holds a PhD in Cellular and Clinical Neurobiology and is a chartered psychologist with extensive experience in higher education governance in the US and UK. She currently works in academic affairs leadership and mentors doctoral students in higher education management.

Derek K. Tracy is the Chief Medical Officer of South London and Maudsley NHS Foundation Trust. He is Professor at King's College London and an honorary professor at Brunel Medical School.

Dan W. Joyce is an honorary consultant psychiatrist and Professor of Connected Mental Health at the University of Liverpool. He researches how data science can be applied to clinical problems in mental health.

Sukhwinder S. Shergill is Professor of Psychiatry and Director of Research at Kent and Medway Medical School, and Consultant Psychiatrist and Director of Research at the Kent and Medway Mental Health NHS trust. He is also Professor of Psychiatry and Systems Neuroscience at King's College London. He heads the CSI Laboratory comprising two dozen academics, clinical researchers, and PhD and other students. He has over 250 peer-reviewed research publications and has supervised more than 20 PhD students.

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Edited by Dawn N. Albertson , Derek K. Tracy , Dan W. Joyce , Sukhwinder S. Shergill

Frontmatter

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‘This is a wonderful resource, essential for anyone undertaking mental health research. It is truly comprehensive since it includes not only the latest developments in neuroimaging and genetic studies, but also practical advice for achieving patient and public involvement and avoiding arguments about authorship.’

Professor Chris Frith FRS, University College London

‘Being an academic clinician is a core part of every clinician’s identity. Being able to appraise and evaluate research papers, to apply evidence to one’s clinical practice, and to let clinical curiosity drive collaborations that solve patient problems are key attributes of a good clinical scientist. This comprehensive resource provides the foundations to help clinicians integrate fundamental research skills in their daily lives. Resident doctors will find the volume particularly helpful in developing their critical appraisal skills.’

Professor Subodh Dave FRC Psych, Dean, Royal College of Psychiatrists
Consultant Psychiatrist and Deputy Director of Undergraduate Medical Education,
Derbyshire Healthcare Foundation Trust,
Professor of Psychiatry, University of Bolton

Research Methods in Mental Health

A Comprehensive Guide

Edited by

Dawn N. Albertson

Associate Dean of Academic Affairs
and Associate Professor of Psychology
and Neuroscience, University
of New Hampshire, USA

Derek K. Tracy

Chief Medical Officer,
South London and Maudsley NHS Foundation Trust;
Professor, the Institute of Psychiatry,
Psychology and Neuroscience, King's College London

Dan W. Joyce

Professor of Connected Mental Health,
University of Liverpool

Sukhwinder S. Shergill

Professor of Psychiatry, Kent and Medway Medical School;
Professor of Psychiatry and Systems Neuroscience,
King's College London;
Director of Research and Hon Consultant Psychiatrist,
Kent and Medway Mental Health NHS Trust



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One Liberty Plaza, 20th Floor, New York, NY 10006, USA
477 Williamstown Road, Port Melbourne, VIC 3207, Australia
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Contributors

Riadh Abed

Retired Consultant Psychiatrist, Medical Director and Senior Clinical Lecturer, University of Sheffield. Currently, Medical Member of the Mental Health Tribunals, Ministry of Justice, UK

Dawn N. Albertson

University of New Hampshire, USA

Douglas Badenoch

National Elf Service, UK

Marcos Del Pozo Banos

Swansea University Medical School, Swansea, Wales, UK

Tom K. J. Craig

Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

Vivienne Curtis

Consultant Psychiatrist, SLAM
Visiting Professor IoPPN, KCL
System Dean NHSE London NHSE
Associate Academic Dean NHSE London
COPMED English Academic Link Dean

Tarik Dahoun

Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

Andrea Danese

Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK
Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry,

Psychology and Neuroscience, King's College London, London, UK
National and Specialist CAMHS Clinic for Trauma, Anxiety, and Depression, South London and Maudsley NHS Foundation Trust, London, UK

Samantha Davis

ESRC Centre for Society and Mental Health, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, London, UK

Paola Dazzan

Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, Kings College London, London, UK

Romayne Gadelrab

Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

George Gillett

Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

Emmeline Goodby

Oxford Health NHS Foundation Trust, Oxford, UK

Danish Hafeez

Institute of Psychiatry, Psychology, and Neuroscience, King's College London, London, UK

Julia Hamer-Hunt

Department of Psychiatry, University of Oxford, Oxford, UK

NIHR School for Primary Care Research
Evidence Synthesis Working Group
NIHR Applied Research Collaboration
(Oxford and Thames Valley), UK

Phoebe Haynes
Oxford Health NHS Foundation Trust,
Oxford, UK

Katie Hazelgrove
Department of Psychological Medicine,
Institute of Psychiatry, Psychology and
Neuroscience, Kings College London,
London, UK

Laura Hemming
National Elf Service, UK
Violet Vines Marshman Centre
for Rural Health Research,
La Trobe Rural Health School
Melbourne, Australia

Zoë Hunter
University Hospital Münster, Department
of Neurology, Münster, Germany

Pamela Jacobsen
University of Bath, Bath, UK

Sohail Jannesari
King's College London, London, UK

Dan W. Joyce
University of Liverpool, UK

Dafni Katsampa
National Elf Service
University of Hertfordshire, UK

Gemma Knowles
ESRC Centre for Society and Mental
Health, Institute of Psychiatry, Psychology,
and Neuroscience, King's College London,
London, UK

Alexandra Lautarescu
King's College London, London, UK

Vanessa Lawrence
King's College London, London, UK

William Lee
Cornwall Partnership NHS Foundation
Trust, Royal Cornwall Hospital in Truro,
and University of Exeter, UK

Belinda Lennox
Department of Psychiatry, University of
Oxford, Oxford, UK

Lynis Lewis
Director, Noclor NHS Research
Office – Central and North West London
NHS Foundation Trust, London, UK
Director of Research, North London
Foundation Trust, London, UK

Noah Linley-Adams
Noclor NHS Research Office – Central and
North West London NHS Foundation
Trust, London, UK

Beverly Love
King's College London, London, UK
HM Courts and Tribunals Service

Monty Lyman
Department of Psychiatry, University of
Oxford, Oxford, UK

Raka Maitra
Consultant Child and Adolescent
Psychiatrist, CNWL NHS Foundation
Trust, UK Honorary Clinical Lecturer,
Department of Brain Sciences, Faculty of
Medicine, Imperial College London, UK

Craig Morgan
ESRC Centre for Society and Mental
Health, Institute of Psychiatry, Psychology,
and Neuroscience, King's College London,
London, UK

Randolph M. Nesse
Department of Psychiatry, The University
of Michigan, USA

Stephen Orleans-Foli
Department of Cognitive Impairment and
Dementia Services, West London NHS

Trust, London, UK
Department of Brain Sciences, Division of
Neurology, Imperial College, London, UK

Antonio Pardinás

Centre for Neuropsychiatric Genetics and
Genomics, Division of Psychological
Medicine and Clinical Neurosciences,
School of Medicine, Cardiff University,
Cardiff, Wales, UK

Inti Qurashi

Institute of Population and Mental Health,
University of Liverpool, Liverpool, UK

David Rigby

East London NHS Foundation Trust,
London, UK

Samantha Scholtz

Consultant Psychiatrist, West London NHS
Trust, London, UK
Honorary Senior Clinician Researcher,
Imperial College London, London, UK

Sowmya Selvaraj

Department of Psychiatry, National
Institute of Mental Health And
Neurosciences (NIMHANS), Bengaluru,
India

Sonia Shenoy

Department of Psychiatry, Kasturba
Medical College, Manipal, India

Sukhwinder S. Shergill

Kent and Medway Medical School, Kent, UK
King's College London, London, UK
Kent and Medway Mental Health NHS
Trust, UK

Robert Stewart

Department of Psychological Medicine,
King's College London (Institute of
Psychiatry, Psychology and Neuroscience),
London, UK

Paul St John-Smith

Independent Scholar
Retired Consultant Psychiatrist

Editor of the EPSIG Newsletter for the
Royal College of Psychiatrists, UK

Nicholas Stokes

Consultant Clinical Psychologist and
Research Lead
West London Forensic Service
West London NHS Trust, London, UK

Satish Suhas

Department of Psychiatry, National Institute
of Mental Health And Neurosciences
(NIMHANS), Bengaluru, India

Andre Tomlin

National Elf Service, UK

Derek K. Tracy

South London and Maudsley NHS
Foundation Trust; Institute of Psychiatry,
Psychology and Neuroscience, King's
College London

Ganesan Venkatasubramanian

Department of Psychiatry, National Institute
of Mental Health And Neurosciences
(NIMHANS), Bengaluru, India

James Walters

Centre for Neuropsychiatric Genetics and
Genomics, Division of Psychological
Medicine and Clinical Neurosciences,
School of Medicine, Cardiff University,
Cardiff, Wales, UK

Isabella Willcocks

Centre for Neuropsychiatric Genetics and
Genomics, Division of Psychological
Medicine and Clinical Neurosciences,
School of Medicine, Cardiff University,
Cardiff, Wales, UK

Ryan Williams

Doctoral Fellow, Division of Psychiatry,
Department of Brain Sciences, Imperial
College London, The Hammersmith
Hospital, London, UK
Speciality Registrar, South London &
Maudsley NHS Foundation Trust,
Maudsley Hospital, London, UK

Foreword

Few doctors now take the Hippocratic Oath, and most would balk at swearing to Apollo and Panacea. However, the central idea in the Oath – of first doing no harm – has profound resonance in medical practice. But how do you know whether you have, indeed, caused harm through an intervention? So much of medicine, over the millennia since the Oath was framed, has relied on opinion and guesswork rather than systematic research. And with it have been many, no doubt, sincerely held beliefs that interventions in medicine are beneficial when they now would seem comic, were it not that they were applied to real people, who suffered untold misery as a consequence. Psychiatry has been particularly susceptible to such whims, which has included ice cold baths causing ‘therapeutic hypothermia’, devices to spin patients at high velocity, and insulin coma ‘therapy’. Whilst these treatments may seem outlandish, other interventions which have been widely applied seemed obvious and innocuous to their proponents, including, for example, psychological debriefing following trauma. It is only through rigorous research that the latter was discovered to be actively harmful – increasing, rather than reducing, the frequency of PTSD symptoms in trauma-exposed people.

Controversies continue in treatments in psychiatry – whether about the harms or benefits of ECT, antidepressants, or antipsychotics. It is only through carefully conducted research that consensus can be found. However, the technical aspects of research are not enough. The context in which research is conducted is critical in determining whether the results are credible to the end users. This context includes understanding the motivations behind the research – including funding, the way in which the research questions are framed, and the degree to which end users – patients, carers, clinicians, payers – are involved in study design, implementation, and interpretation. The potential conflicts of interest in pharmaceutical research are obvious. With tight regulation, independent data monitoring committees, and open science practices, many of these concerns can be mitigated. Less obvious conflicts may arise in the development of new complex interventions, including psychological interventions, where the principal investigator has driven the development of an intervention over many years. It is hard, in those circumstances, to preside over a definitive but ‘negative’ trial, which determines clearly that their intervention is not effective. Researchers need to understand the real world into which interventions are applied – meaning that any new intervention not only must be demonstrated to be safe and efficacious, but also acceptable to patients, deliverable by healthcare systems, and affordable to the payer.

It is not only in treatments that research is required. Virtually every current controversy in mental health can only be understood with good research. Is the current increase in demand for mental health services driven by a genuine increase in incidence, a reduction in stigma making it more acceptable for people with a disorder to seek help, or a greater tendency to medicalise distress? These questions require not only the appliance of classical epidemiological methods, but also social and political science. The response to the increasing demand by policymakers will be radically different according to the answers researchers come up with. Similar questions requiring urgent answers include the best way to deliver effective mental healthcare across health systems, the extent to which early intervention can

prevent crises and relapse in severe mental illness, or the impact of measures designed to reduce the use of coercive practice in mental healthcare.

Like many clinical academics I lead a double life between the clinical practice and research. To fellow clinicians, my research might at times seem ‘academic’ or detached from reality. Meanwhile, non-clinical researcher colleagues, working with animal or cellular models of disease, might view the research I do as hopelessly applied and messy. Yet clinical academics are essential if we are to find solutions to pressing issues in mental healthcare because research needs to be routed in the realities of clinical practice. The real world is messy and context matters. This book provides both the technical and contextual tools to conduct good research providing an excellent framework for clinical academic practice.

Professor Matthew Hotopf CBE FRCPsych FMedSci

Executive Dean, Institute of Psychiatry, Psychology & Neuroscience, King’s College London

Non-Executive Director and Chief Academic Officer, South London and Maudsley NHS Foundation Trust

Deputy Executive Director, King’s Health Partners

Foreword

Everyone knows that high quality patient care is affected by research because it produces new knowledge and new treatments. But that's not all. Patient outcomes benefit from a service that actually does research. This book is therefore vital not just in encouraging skills in the new generation of healthcare professionals but also in making a difference to our patients, clients, and service users. So we need to encourage all clinicians to produce and evaluate research as part of providing the most patient benefit.

The first thing would-be clinical researchers need to know is that research demands 'curiosity, good time management and organisational skills' as well as staying power, as the process of carrying out research takes time and can sometimes be frustrating. In fact, every time research governance cuts 'red tape' it will mean more time spent online filling out a form, but it does have rewards even if a career in research was not for you.

The grand title of this book – a comprehensive guide – suggests more than one volume of dense material. We are actually presented with an easily digestible format covering all the topics that are building blocks for a successful career in research and care. Key to this is an understanding of integrity – cheaters do get found out – and representation, as research on worried students is not going to be relevant for people referred to secondary care with depression. Luckily the topics are all covered in this book.

Research also comes in different forms using different methods and different data and these all change rapidly. I used to think we could ignore the gut and concentrate on the brain but even the microbiome has crept in as a potential data source and immunopsychiatry is a new area for investigation. This means multimodal research of the biopsychosocial determinants of mental health is vital, particularly the interplay between novel biomarkers and social factors to understand how to improve recovery. Although much research is carried out in high-resource countries, it is research in low-resource settings that may be able to tell us how to make our services more efficient.

No good research should be without patient and public involvement (PPI) as then the right questions are asked in the right way so the results are useful. But PPI is often a mystery to researchers with its different vocabulary and place in the research environment. Luckily this book deciphers the roles that people with lived experience can provide so their perspectives are appreciated. The fruits of this labour can then be immediately used in our treatments and care.

*Professor Dame Til Wykes FBPS, FMedSci, FSocSci
Head of School of Mental Health and Psychological Sciences
Institute of Psychiatry, Psychology and Neuroscience, King's College London*