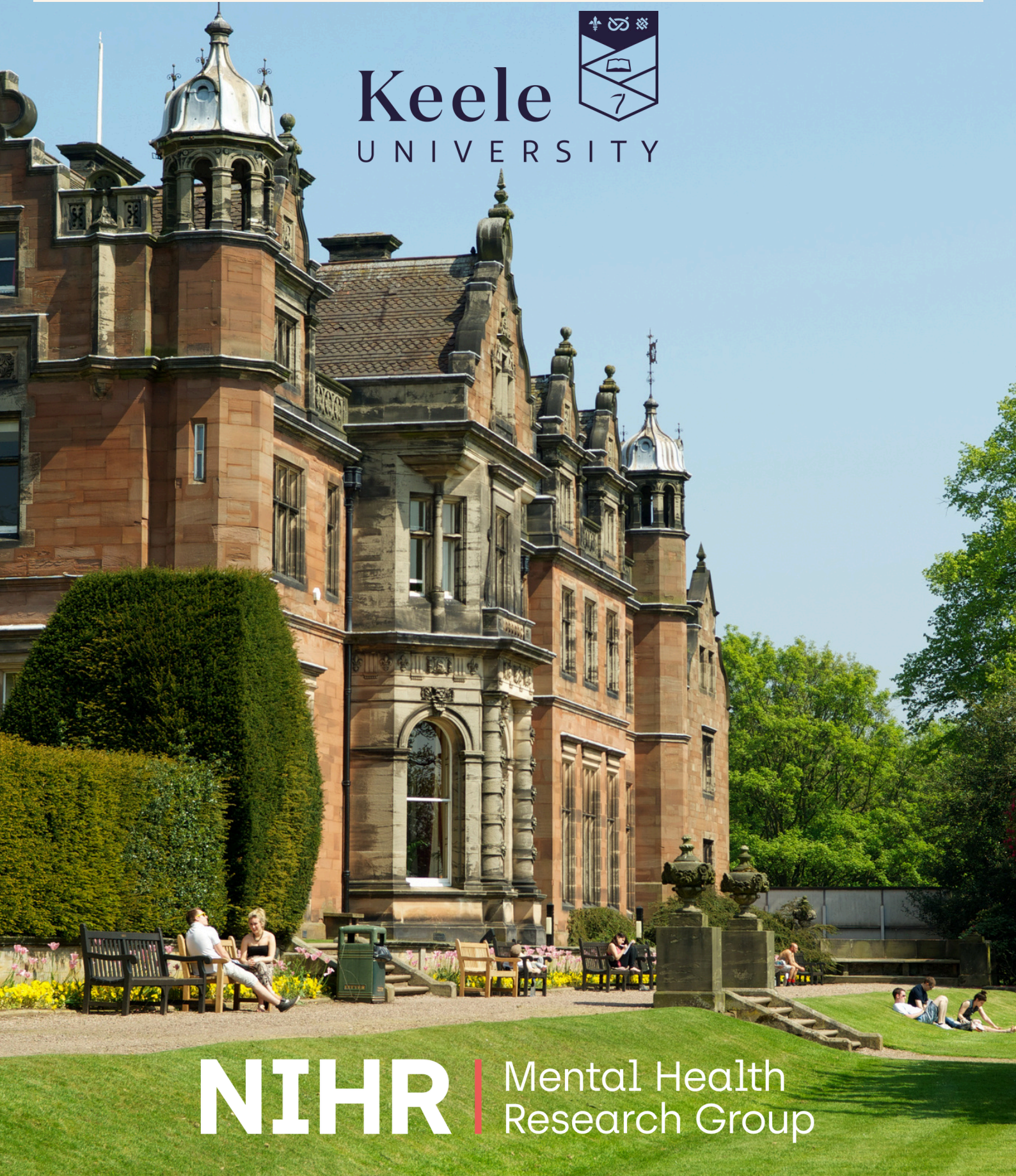


COMPAS:
Centre for cOMmunity and PrimAry care mental health reSearch

Launch Event Programme
Keele Hall, Keele University
Keele, Staffordshire

8th October 2026

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Midlands Partnership University
NHS Foundation Trust

COMPAS:

Centre for cOMMunity and PrimAry care mental health reSearch



Aim: To establish a **Centre for Community and Primary Care Mental Health Research** at Keele University, to deliver high-quality mental health research responding to the needs of our currently underrepresented populations, and to strengthen mental health research capacity at Keele University and within our partners and collaborators.

What is the need?

Mental health difficulties are the largest cause of disability in the United Kingdom.

The North West (NW) Midlands (Shropshire and Staffordshire) have high rates of poverty, unemployment and deprivation. This includes people living in rural and inner-city areas, people of racially minoritised heritage and those experiencing homelessness. Some people with these multiple disadvantages also have mental health difficulties and can find it difficult to get help. This may be due to services not being accessible or acceptable to them.

Community and voluntary organisations often work with people from underrepresented groups to fill the gaps left by health and social care.

Mental health research activity in the NW Midlands is low, so the voices of underrepresented groups are not heard, and the resulting research findings are not relevant to them.

What will we do?

We will establish a Centre for Community and Primary Care Mental Health Research, at Keele University. The University of Birmingham and King's College London are our partners in the Centre and we are working closely with the Midlands Partnership University NHS Foundation Trust.

One of the key aims of the Centre is to increase the amount of mental health research activity at Keele University and in our community organisation partners.

The 5-year programme of work will focus on how community and voluntary organisations and primary care services can better support people from underrepresented groups experiencing mental health difficulties.

AGENDA

9:15am Registration and welcome refreshments

10:00-10:15

Opening: Carol Shanahan, Chancellor, Keele University

10:15 - 10:30

Mental Health Research Group Public Co-Investigators: Samina Begum and Linda Parton

10:30 - 10:45

Overview of the Keele Mental Health Research Group: Carolyn Chew-Graham, Gary Lamph, Alice Moul, Tom Kingstone, Ben Saunders, Michelle Marshall, Dahai Yu, Mental Health Research Group Programme and Theme Leads, Keele University

10:45 - 11:00

Question time with the panel: Samina Begum Mental Health Research Group Public Co-Investigator (Chair), Linda Parton, Carolyn Chew-Graham, Gary Lamph, Alice Moul, Tom Kingstone, Ben Saunders, Michelle Marshall, Dahai Yu, Keele University, Claire Henderson, King's College London, Isabel Morales-Munoz, University of Birmingham

11:00 - 11:10

McPin and Mental Health Research Group Wellbeing Strategy: Vanessa Pinfold and Clare Walsby, The McPin Foundation

11:10 - 11:20

Joint working between Keele and Midlands Partnership University NHS Foundation Trust: Jennie Collier, Chief People Officer, Staffordshire & Stoke on Trent Care Group, Midlands Partnership University NHS Foundation Trust

AGENDA

11:20 - 12:05 World Café Event

Table 1 - Research Inclusion:

How can COMPAS make sure our research includes, and impacts, people from all backgrounds and communities?

Facilitators: Hassan Awan, Kathryn Stanley

Table 2 - Knowledge Mobilisation:

How can COMPAS ensure our research is put into practice and makes a real difference?

Facilitators: Laura Campbell, Samina Begum

Table 3 - Public Partnerships:

What will partnerships with people and communities look like?

Facilitators: Alice Moulton, Diva Jain

Table 4 - Impact:

What does "impact" mean in the context of mental health research?

Facilitators: Priya Paudyal, Linda Parton

Table 5 - Methodology:

How can COMPAS lead the way in research methods used in mental health research?

Facilitators: Ben Saunders, Isabel Morales-Munoz

Table 6 - Research Capacity Building:

What would make COMPAS a place where people can build long-term research careers?

Facilitators: Tom Kingstone, Sara Muller

Table 7 - Wellbeing:

How can COMPAS better embrace wellbeing for everyone involved in our Centre?

Facilitators: Vanessa Pinfold, Clare Walsby

12:05 - 12.20

World Café feedback from tables: Alice Moulton

12:20 - 12:30

Closing Reflections: Kevin Shakesheff, Vice-Chancellor, Keele University

12:30 - 2:00 LUNCH

Programme 1

Survey and data capture to define mental health needs in the North West Midlands

Programme Leads: Dahai Yu and Michelle Marshall

Introduction

This programme underpins research to be undertaken across all Mental Health Research Group programmes. We will undertake a population survey with primary care electronic health record (EHR) linkage to provide information on the burden, distribution by sociodemographic determinants and unmet needs of mental health difficulties in the North West Midlands. The survey will be conducted by an external company.

Background

Risk factors for poor mental health include poor physical health, unemployment, poverty and socioeconomic deprivation, poor housing and homelessness, being a member of a marginalised ethnic group, social isolation and loneliness. Additionally, people in rural communities may have poor access to health services, limited digital connectivity and poor digital literacy.

Mental health difficulties are likely to be more common in people in these underrepresented communities, and they may also have poor access to care and support. Understanding these 'local operating conditions' is key to influencing policy. Our survey will obtain granular data on the prevalence of mental health difficulties in our target area of the North West Midlands.

Primary Care EHRs alone are insufficient to provide the information needed due to barriers to help-seeking related to stigma or lack of access to primary care. A survey with linkage to general practice records offers the best method of obtaining this detailed information.

What will be achieved?

The main goal is to do a survey of people and link it to their primary care records. This will show how common mental health difficulties are, how they differ by social and money factors, and what mental health needs are not being met in the North West Midlands.

We will do this by:

1. Finding out how common mental health conditions are in older adults, people with both mental and physical health difficulties, and people with Complex Emotional Needs in the North West Midlands, and how these are linked to social and environmental factors.
2. Making combined data sets by linking different records to identify unmet needs and differences in access to healthcare in the North West Midlands.
3. Finding out how common Complex Emotional Needs are in each small area in (i) the North West Midlands and (ii) across the country and showing this with 'heat maps'.
4. Getting information on rates of mental health difficulties in groups of people that are often not heard, which can help with future community outreach and develop treatments to reduce unfair differences in support for people with mental health difficulties.

Programme 1 (cont.)

Survey and data capture to define mental health needs in the North West Midlands

Programme Leads: Dahai Yu and Michelle Marshall

Who will be supported?

We will share information about how common mental health difficulties and complex emotional needs are in people living in the North West Midlands. We will reach out to local communities and invite people to complete the survey from groups that often get left out. The long-term goal is to ensure services match how unwell people are, and that mental health care is fair for everyone, helping individuals, communities, and the whole system, including health and social care services and voluntary and community groups.

Current priorities

The current priorities for Programme 1 are:

1. To engage with the programme Public Advisory Group to select instruments and finalise the survey.
2. Determine the sampling of different underrepresented groups in the North West Midlands area.

Achievements so far

To date, the following progress has been made:

- Contact has been established with the data collection company that will undertake the door-to-door surveys.
- Two Public Advisory Group meetings have taken place to discuss the content of the survey with patients and public members.

Future plans

The future plans for Programme 1 are to:

- Select areas in the North West Midlands for data collection with support from Research Delivery Network.
- Provide the data collection company with a user guide and training for undertaking the survey.
- Undertake pilot data collection with the survey to assess response rates.
- Develop a PhD proposal and apply for funding for a PhD studentship to be embedded in Programme 1.

Programme 2

Ageing and mental health

Programme Leads: Tom Kingstone and Elizabeth McDermott

Introduction

The Ageing and Mental Health Programme focuses on improving understanding of mental health as people get older. Our work will explore how factors such as bereavement, loneliness, poverty, discrimination, disability and social exclusion affect mental health in later life. We are particularly interested in the experiences of people whose needs are often overlooked or unsupported. Working with people with lived experience, carers, community organisations and service providers, we aim to generate research that leads to improvements in support and care. The programme combines research, co-design, creative methods and knowledge sharing to better understand needs, identify effective sources of support and inform future services, policy and practice.

Background

Mental health in later life is shaped by much more than health services alone. Social relationships, financial security, housing, community connections and access to support all play an important role. Yet many older people experiencing mental health difficulties do not seek help or receive the support they need. Researchers at Keele University have conducted previous research in ageing and mental health, highlighting the importance of these wider influences on wellbeing. Building on this foundation, the programme was established to address gaps in knowledge and develop evidence that can support positive change. Public contributors have helped shape the programme and encouraged a focus on 'ageing' (rather than 'older adults') as an inclusive concept that reflects a wide range of experiences.

What will be achieved?

The programme aims to produce research that helps improve mental health and wellbeing as people age. We want to better understand barriers to seeking help, identify forms of support that people find helpful, and learn how effective approaches can be made more accessible. Working alongside people with lived experience, carers, community organisations and practitioners, we will generate evidence that can inform policy, practice and future services. Through this work, we hope to help people find support earlier, strengthen community responses to people with mental health difficulties, and improve wellbeing in later life.

Who will be supported?

The programme will benefit people experiencing mental health difficulties in later life, particularly those facing social disadvantage. It will also support family carers, community and voluntary organisations, health and social care professionals and decision-makers. By generating practical evidence, the programme aims to improve support for those affected by mental health challenges as they age.

Programme 2 (cont.)

Ageing and mental health

Programme Leads: Tom Kingstone and Elizabeth McDermott

Current priorities

The programme currently has three priorities:

- Understanding how people over 60 seek help for mental health difficulties through the Turning Points study. Using interviews, focus groups and creative workshops, this study will explore people's experiences of seeking support.
- Mapping services, initiatives and other forms of support that promote mental wellbeing through the Map-Well study.
- Adapting evidence-based interventions so they can be delivered effectively in real-world settings.

Alongside this work, we are strengthening public involvement, developing partnerships with community and voluntary organisations and establishing FRAME (Forum for Research on Ageing and Mental Health) to support collaboration and knowledge sharing across the region.

Achievements so far

The programme has made good progress in establishing a new programme of research focused on ageing and mental health:

- Research plans have been developed with academic partners and public contributors, ensuring that people with direct experience of mental health difficulties have helped shape the programme from the beginning.
- Ethical approval has been secured for the Turning Points study, providing an important milestone for the start of data collection and participant involvement.
- A Public Advisory Group has been established and continues to grow. We would particularly like to recognise the contribution of our lead public contributor, Jane Southam, whose insight, enthusiasm and support have helped shape the programme from its earliest stages.
- Meetings hosted with community and voluntary sector organisations across the North West Midlands, creating opportunities to learn from existing practice and develop meaningful partnerships.
- FRAME (Forum for Research on Ageing and Mental Health) has been established to support collaboration and knowledge sharing.
- New PhD student started in September 2026 who will explore age inclusion and exclusion in mental health policy and practice.

Future plans

Over the next five years, researchers will deliver the programme's planned studies and create new opportunities collaboration and impact. Key areas of activity include completing the Turning Points and Map-Well studies, testing adapted approaches in community settings and increasing involvement from community partners and public contributors. We will continue to develop FRAME as a regional network that brings together researchers, practitioners, community organisations and members of the public with a shared interest in ageing and mental health. We will apply for further research funding to build knowledge about what works best to support mental health as people age. Our longer-term ambition is to make Keele a recognised leader in ageing and mental health research, generating evidence that helps reduce inequities, informs policy and practice, and improves support for older adults whose mental health needs are often overlooked.

Programme 3

People with mental health difficulties and long-term physical health conditions

Programme Leads: Ben Saunders and Isabel Morales-Munoz

CONNECT: Community-based approaches to support underrepresented groups with co-occurring mental and physical health conditions

Introduction

The CONNECT programme aims to improve support within local communities for people who have both long-term physical health conditions and common mental health difficulties, like anxiety or depression. We are particularly focusing on those individuals from underrepresented communities in the North West Midlands. We will work closely with people with lived experience from these groups, healthcare professionals, and community organisations. We will co-develop and test support resources that will aim to better meet the mental health needs of people from these groups. We will also explore how these resources can be delivered by local community organisations.

Background

People from ethnic minority communities, those living in socio-economically disadvantaged areas and those in rural areas, already experience unequal healthcare and access to healthcare. Having both a mental and physical long-term health conditions can make these inequalities worse and lead to poorer health. These groups may also face additional challenges to accessing primary care for mental health support, including services that are not joined up, uncertainty about where to seek help, difficulties attending appointments because of work or transport, and services that are not tailored to their needs. This highlights the need for more flexible, personalised and accessible approaches that better reflect the circumstances and preferences of people from underrepresented groups.

What will be achieved?

The programme aims to:

- Strengthen the skills, knowledge and confidence of voluntary and community organisations so they are better able to support the mental health needs of people in their communities who are living with both mental and physical health conditions.
- Help people with multiple conditions to develop greater knowledge, skills and confidence to manage their own mental health effectively. In the longer term, the programme aims to develop community-based approaches to supporting mental and physical health that can be accessed by everybody.

By improving people's confidence and ability to manage their mental health, the programme could also help people to access support earlier and reduce pressure on NHS services.

Who will be supported?

We will focus particularly on the needs of people from social groups that experience difficulties in accessing healthcare services and may not benefit as much from existing services. This includes people from ethnic minority backgrounds, people living in disadvantaged communities and people living in rural areas. These groups are often described as being "underrepresented" by healthcare services.

Programme 3 (cont.)

People with mental health difficulties and long-term physical health conditions

Programme Leads: Ben Saunders and Isabel Morales-Munoz

Current priorities

In the first phase of the programme (Work Package 1), we will adapt existing mental health support resources developed by researchers at Keele University so they better meet the needs of people from underrepresented groups. These resources currently support people living with an intestinal stoma (colostomy or ileostomy) and people with common muscle and joint conditions. As digital resources, they may not currently be accessible, relevant or acceptable to everyone. We will use focus groups and workshops, held online, in person or in combination, to gather views from people with lived experience, healthcare professionals and community organisations. Their input will help us adapt existing resources and develop new content that better reflects people's needs and circumstances. We will also work with these groups to identify the most important outcomes, including what changes the resources should achieve for individuals and communities.

Achievements so far

The programme has made good progress:

- We are currently in the process of gaining NHS ethics approval for Work Package 1. This includes refining the study materials and ensuring that the planned activities are appropriate, accessible and responsive to the needs of underrepresented groups.
- We have been developing relationships with voluntary and community organisations and relevant charities. These relationships will be important in helping us engage with communities that are often underrepresented in research and ensuring that the development of the resources reflects their experiences and priorities.
- We are also working with the West Midlands Research Delivery Network to recruit primary and secondary care sites to support the programme. This will help us establish routes for engaging healthcare professionals and accessing potential participants across different settings.

Together, these activities are establishing the partnerships, infrastructure and governance needed to support meaningful involvement from communities, healthcare professionals and community organisations throughout the programme.

Future plans

Following NHS ethics approval, we will begin recruitment and arrange the focus groups and workshops planned as part of Work Package 1. These activities will bring together people with lived experience, healthcare professionals and representatives from voluntary, community and charity organisations to inform the adaptation and development of the support resources. We will ensure that opportunities to participate are accessible and that the perspectives of people from underrepresented groups are central to the process.

Programme 4

People with Complex Emotional Needs Programme Leads: Gary Lamph and Emma Cernis

Improving Identification and Supported Self-Management of People with Complex Emotional Needs in Primary Care and Community Organisations: A Co-Design Study

Introduction

People with Complex Emotional Needs (CEN) may present with long-standing emotional dysregulation difficulties, poor impulse control, interpersonal and relational difficulties as well as co-occurring neurodiversity and dissociation. They are typically underrepresented by current primary care and community services. This programme aims to improve access to care for people with CEN and co-occurring difficulties (neurodiversity and dissociation) in primary care and community organisations. Using co-design methods, we will work closely with people with lived experience of CEN, community organisations and primary care practitioners, and experts in this field of practice to develop and test a tool to identify support needs and develop a digital guided self-management intervention for people with CEN.

Background

People with CEN may find it difficult to access help and support. Primary care services may struggle to meet the needs of people with CEN and some NHS Talking Therapies exclude people with CEN, being described as 'too complex' for NHS Talking Therapies but 'not complex enough' for specialist (secondary care) mental health services. This is exacerbated for global majority groups, who are less likely to be identified as having CEN. Many people turn to community organisations to access support. This programme aims to address gaps in service provision by providing people with CEN and the community/primary care organisations with evidence-based interventions to work more effectively with people with these needs.

What will be achieved?

This programme will develop and evaluate ways of identifying and supporting people with CEN in primary care and community settings. Whilst this work focuses on people with CEN, we are also interested in identifying and recognising when commonly co-occurring difficulties (such as neurodivergence and dissociation) are present so interventions can be tailored to an individual's need. First, we will perform a rapid review of the scientific literature about brief psychological interventions to understand their effectiveness for CEN. Then, through Experience Based Co-Design (EBCD) Methods we will co-produce a digital identification tool and guided self-management intervention. Finally, we will test the feasibility and acceptability of this new intervention. At the end of the programme, we hope to develop an application for funding to conduct a full clinical and cost effectiveness trial of the intervention.

Programme 4 (cont.)

People with Complex Emotional Needs Programme Leads: Gary Lamph and Emma Cernis

Who will be supported?

This programme will benefit those people who are identified as having CEN and co-occurring difficulties who are underrepresented by current service provision and receive little or no effective support for their needs. We aim to develop an intervention which will benefit people from underrepresented groups, including people from global majority populations, people living in disadvantaged communities including rural settings. Additionally, this programme will support practitioners in primary care and community organisations by providing them with additional support, training and resources through the development of this intervention.

Achievements so far

- We have registered the protocol for the literature review (Work Package 1) with the Open Science Framework (OSF): [OSF | Brief psychologically informed interventions for people with complex emotional needs: a rapid review](#), and the search is underway.
- For Work Package 2 **Co-designing Approaches to REspond to complex Emotional Needs** (CARE-EN Study), we have received governance approvals from Keele University and submitted our NHS ethics application. We have started working with our community partner, Expert Citizens, and have held our first Public Advisory Group meeting.

Future plans

Once the rapid review (Work Package 1) is completed in early 2027, we will publish the findings with a focus on practice implications and practitioner impact to ensure the work is immediately clinically useful. This will be complemented by the development of videos, webinars and infographics designed to maximise knowledge mobilisation and to share recommendations for practitioners working in this field. Once ethical approvals are received for Work Package 2, we will begin recruitment to the CARE-EN Study. These activities will bring together people with lived experience of CEN, neurodiversity, and dissociation and their carers, clinical experts working across those fields of practice, community partners, and primary care workers. With the support of the research team, participants will co-produce, co-design and test of our identification tool and guided self-management intervention in advance of the feasibility study (Work Package 3). Once progress has been made on these developments the team will then focus attention on developing the next phases of the study.

Public Partnerships within COMPAS

We believe that better mental health research happens when it is shaped by the people it is intended to benefit. Public partnerships are not an add-on or a single activity; they are embedded throughout everything we do. Public contributors and community partners work alongside researchers to influence priorities, shape research, interpret findings and support implementation.

Public contributors helped design the Centre from the very beginning and continue to play a central role in our leadership and governance. Two public co-investigators sit alongside academic and clinical leaders, ensuring that lived experience informs strategic decision-making from the highest level. Each research programme is supported by its own Public Advisory Group, providing ongoing advice throughout the life of projects, while our Public Partnership Steering Group oversees the quality, consistency and development of public partnerships across the whole Centre. This structure ensures that public voices influence both individual studies and the wider direction of the Centre.



Work together as equals

Everyone's experience and expertise has value.



Respect lived experience

Lived experience is essential to better research.



Listen and act

We show how public input changes decisions.



Be inclusive

We actively reach people whose voices are often missing.



Be open and transparent

Clear communication, honest feedback and shared decisions.



Build lasting relationships

Partnerships grow through trust, time and mutual respect.



Learn together

Researchers and public contributors learn from one another.



Focus on meaningful change

Everything we do aims to improve mental health research and care.

“What's important is that people with lived experience of mental health are listened to and valued as equal partners in shaping research that makes a difference to their lives/communities they live in.”

Samina Begum, Public Co-Investigator

Public Partnerships Governance

Our approach is built on genuine collaboration rather than consultation. We work alongside community organisations across Staffordshire, Stoke-on-Trent, Shropshire, Telford and Wrekin, and beyond, to reach people whose voices have traditionally been underrepresented in research. We recognise that meaningful partnerships require trust, long-term relationships and shared decision-making. Community organisations bring expertise, local knowledge and trusted relationships that strengthen our research and help ensure it reflects the needs and priorities of the communities we serve.

Inclusion is fundamental to our work. We are committed to improving opportunities for people who have historically been underrepresented by research, recognising that barriers to participation differ between communities. We work proactively to make involvement accessible through flexible approaches, inclusive communication, practical support and fair payment for people's time and expertise. Equity is embedded within our governance, research planning and evaluation so that we continually reflect on who is involved, who may be missing and how we can improve.

Public partnerships will also strengthen how research is shared and used. Public contributors will help develop accessible summaries, dissemination materials and implementation plans, ensuring research findings reach the people who need them most. By combining academic expertise with lived experience and community knowledge, we will create and deliver research that is more relevant, more inclusive and more likely to improve mental health care in practice.

Through these partnerships, we are building a Centre where research is shaped by communities, informed by lived experience and focused on delivering meaningful improvements in mental health.

Centre Governance Group

Academic, Clinical and Public Co-Applicants.
Public contributors shape Centre strategy.

Public Partnership Steering Group

Oversees quality, consistency, inclusion and support across all public partnership activities.

Research Programmes Public Advisory Groups

Survey & Data Linkage • Ageing & Mental Health • Mental & Physical Health • Complex Emotional Needs •
Public contributors advise throughout each programme.

Community organisations

Community partners.
Co-production • Knowledge Mobilisation • Dissemination.

Implementation Science and Knowledge Mobilisation

Lead: Alice Moul

Introduction

Implementation Science and Knowledge Mobilisation is a cross-cutting theme within the Centre, designed to strengthen expertise and capability in how mental health research is implemented, shared and used in practice. It combines Implementation Science approaches with Knowledge Mobilisation activity to support research across the Centre, particularly within community and primary care settings across the North West Midlands. The programme will work alongside research teams, public contributors, practitioners, community organisations, commissioners and policy stakeholders to understand barriers and enablers to implementation, co-design practical implementation packages, and develop approaches that maximise the reach and impact of research. It will support Centre-wide learning through a Community of Practice and a Policy and Impact Group.

Background

The cross-cutting theme was established in recognition that producing high-quality research does not, on its own, lead to changes in practice, services or policy. Evidence may be effective in research settings but can be difficult to adopt in complex real-world systems, where context, workforce, resources, organisational culture, inequalities and competing priorities all influence what can be implemented and sustained. Implementation Science provides systematic approaches to understanding these barriers and facilitators and identifying strategies that support the uptake of research. Knowledge Mobilisation complements this by ensuring that knowledge is shared, shaped and exchanged between researchers, practitioners, communities and policy-makers rather than simply disseminated at the end of a study. Bringing these approaches together enables implementation and impact to be considered from the outset, creating stronger, more inclusive and sustainable routes from research evidence to real-world benefit.

What will be achieved?

The programme aims to increase the capability and impact of mental health research by embedding Implementation Science and Knowledge Mobilisation across the Centre. It will investigate the barriers and enablers that affect implementation of research from the core programmes and use this learning to co-design evidence-informed implementation packages. These packages will be refined over time with researchers, practitioners, public contributors, community organisations and other stakeholders. The programme also aims to optimise Knowledge Mobilisation across the Centre through a dedicated Community of Practice and to use systems-thinking with policy-makers to develop scalable and transferable impact plans. Ultimately, it seeks to ensure that research findings are more likely to be adopted, adapted and used in ways that benefit services, communities and populations across the North West Midlands and beyond.

Who will be supported?

The programme will support research teams across the Centre, alongside the practitioners, organisations and communities involved in implementing and using mental health research. This includes primary and social care professionals, NHS staff, voluntary and community organisations, commissioners, local authorities, policy-makers, service users and carers. Particular attention will be given to involving people from underrepresented groups and ensuring implementation approaches are inclusive, accessible and responsive to different settings and populations.

Implementation Science and Knowledge Mobilisation (cont.)

Lead: Alice Moul

Current priorities

Current priorities are to build the Centre's Implementation Science and Knowledge Mobilisation infrastructure and establish the processes that will support implementation across the research programmes. This includes understanding key barriers and enablers to implementing mental health research, engaging stakeholders across different professional and community settings, and using this learning to inform future co-design activity. A further priority is establishing the Centre-wide Community of Practice to support shared learning, dissemination and development of implementation strategies. The programme will also prepare for the co-design and refinement of programme-level implementation packages and for the Policy and Impact Group, which will bring a systems-thinking perspective to how research can influence organisations, services and policy.

Achievements so far

The programme has moved from planning into delivery, with key elements of the Implementation Science and Knowledge Mobilisation infrastructure now established across the Centre.

The first Centre-wide Community of Practice has been held, bringing together researchers, practitioners, public contributors, community partners and other stakeholders to begin shared learning around Knowledge Mobilisation, implementation and impact. Work is also underway to establish the Policy and Impact Group, which will provide a dedicated forum for considering how Centre research can influence services, systems and policy.

Implementation Science has also been embedded directly within the core research programmes. Ethics approvals have been developed to enable programmes to explore barriers and facilitators to implementation alongside their substantive research activity, helping to ensure that implementation is considered throughout the research process rather than as a separate activity at the end.

The programme has also established strong links across the Centre's research programmes and wider stakeholder networks, creating the foundations for future co-design activity, implementation planning and development of programme-specific implementation packages. Together, these activities are beginning to build a more integrated approach to Implementation Science, Knowledge Mobilisation and impact across the Centre.

Future plans

The programme will move through its linked work packages to generate and apply learning about implementation across the Centre's research programmes. This will include exploring barriers and enablers with key stakeholders, using findings to inform co-design workshops, and developing programme-specific implementation packages. These packages will be refined over the life of the Centre to include practical strategies, examples, training materials, guidance and implementation assessment tools. The Community of Practice will support ongoing Knowledge Mobilisation and shared learning, while the Policy and Impact Group will help translate findings into scalable approaches for services and policy. Longer term, the programme will develop a Centre-wide implementation package and impact plan and seek further funding to continue tracking implementation and impact beyond the Centre.

North West Midlands

- Centre-generated evidence translated for, and adopted within, communities to reduce mental health disparities
- Sustained and extended relationships across partnerships
- Increased research capacity in community organisations
- On pathway to improving the mental health of our populations with transferable benefits and learnings shared outside of our region



Keele University

- Career progression at all levels
- Enhanced skills in inclusive methods and interdisciplinarity
- Sustained and extended relationships with partners
- Regional Centre to grow national (and international) reputation in mental health research
- Further grant capture



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Mental Health Research Group

Launch Event Programme

Keele Hall, Keele University

Keele, Staffordshire

8th October 2026

For any further information, please feel free to contact KeeleMHRG@keele.ac.uk