



Equality, Diversity and Inclusion Strategy - Action Plan

Statement of Intent - October 2024

Theme: Preventing Multiple Morbidities (Prevention)

Theme Statement of Intent: To address all the objectives in the EDI Strategy and action plan

The Prevention Theme aims to prevent multiple morbidities in two groups:

1. the general population through population-level interventions
2. through working on individual-level interventions with people with mental illness.

We aim to address risk factors for multiple morbidity - nutrition, alcohol use, obesity, and smoking and the underlying causes of these, such as societal drivers of inequalities and adverse health behaviour. This includes stigma and diagnostic overshadowing for people with mental illness and developing appropriate and tailored interventions. We hope to lay the foundation for developing effective interventions.

People from marginalised groups (e.g. people living in poverty, unemployed, black and minority ethnic groups, LGBTQ+, and intersections of all of these by age and gender) often face multiple disadvantages and these disadvantages seem to cause both mental illness and other forms of multimorbidity. They are more likely to smoke and have dysregulated eating and drinking patterns. It is thus essential that the Prevention Theme research team develop methods to ensure representation in research and adapt interventions that narrow (or at least do not exacerbate) inequalities that currently arise through these causes. We will need to innovate to enhance our ability to recruit marginalised groups to studies that test the interventions.

EDI Objectives

- Understand staff ethical concerns about collecting their personal data and collect it in the light of these, through central co-ordination.
- Systematise collection of data on participants.
- Building an inclusive research culture, through partnership work with our PPIE groups and with all partner institutions, especially encouraging and supporting early career researchers of diverse backgrounds.
- Provide best practice exemplars for inclusive research.

Progress

Staff data: We continue to support OH BRC to collect staff data centrally. We know of and have received feedback on ethical dilemmas when collecting staff data from small teams. This was reinforced by the BRC wide review from the RCPsych (*Reference: Papageorgiou, V., Greenwood, H., Taylor, C., & Ernest, N. [Implementing the NIHR Oxford Health BRC's equality, diversity and inclusion strategy: a mapping and scoping project. Public Mental Health Implementation Centre.](#)*) We are working to build research teams to work on prevention and aim for those researchers to be more representative of the populations we seek to support.

Participant data: We will endeavour to collect Diversity Data on participants where practical and reasonable, giving the individuals the chance to understand why the information some may consider

private are helpful to collect. Our focus on this is in line with the mandating by NIHR of requirements to consider Inclusion in all NIHR proposals from November 2024.

We have adopted a policy across our theme to collect data on the 9 protected characteristics and, where not collected, to explain why. Individual Researchers are designing questions appropriate to the participants to ensure they do not overburden participants or ask questions that seem irrelevant and intrusive in particular studies. Justifications for the design decisions are being recorded e.g. in the protocol. Likewise, we have a commitment in the theme, to seek to test policy interventions that address inequity and seek to ensure inclusive recruitment.

Inclusive research culture

PPIE recruitment: We are prioritising equity (including gender, culture, ethnic and religious) in PPIE recruitment, and involve a diverse group of people as PPIE members across both subthemes (as well as researchers, in ECR and MCR roles, and as students).

Embedding in our academic practice: EDI is a standing item on the agenda of our team meetings. Given, it may not always be possible for our early phase studies to meaningfully address equity as the studies are so small, at our quarterly scientific meetings, we ask our presenters to specifically include equity considerations as a 'slide' in their talk when presenting to the theme. We also include PPI as a separate slide, so that we help to cement this culture in our research.

Exemplars

We are developing exemplars of good practice on inclusive research to recruit marginalised groups; will ensure we share our learnings on developing more inclusive recruitment and developing culturally appropriate interventions and infrastructure in both themes. Some exemplars are detailed below:

- **Diversity data quotas:** In the population level sub-theme we collect data on demographics identified as key for each study – for example, age, gender, sex, and ethnicity. In one recent study, during recruitment, we set quota targets, and checked the distribution of these characteristics was representative of the UK population, to minimise the risk of any of these groups being under-represented in our study. We successfully achieved good representation within each of the key demographic characteristics identified for this study.
- **Diverse PPIEP panels:** We have established diverse panels for each sub-theme. For example, for the individual level sub-theme, we have established a 12-member PPIEP lived experience panel in collaboration with the McPin Foundation (<https://mcpin.org/>). The age range of the panel is from 19-75; the majority of the members are women (75%), and 50% (n = 6) identify as an ethnic minority. The PPI panel has an active involvement in project priority setting, producing reports and ensuring dissemination of our work, and inclusion as co-applicants in writing future research grants. During the first PPI panel meeting, the members identified sleep as a target for intervention development. The subtheme lead has since secured a BRC Better Sleep pump prime award in response to the priority setting of the PPI Panel.
- **DIME landmark pilot trial:** based on PPIE feedback, we have included substantial revision to the recruitment materials to include racial and cultural diversity participant representation. In addition, based on PPI feedback, we supplied prepared meals and snacks to offset the financial burden for those from lower socioeconomic status of following a specific diet and developed an educational leaflet with different ways to enhance meals along with coaching advice based on cultural or ethnic preferences where possible (e.g., recipes for ketogenic friendly meals, suggestions on spices). Survey data collected key demographic protected characteristics, and also allowed for free-text responses to allow for more nuanced responding that was reflective of how people chose to identify. Social media recruitment efforts targeted underrepresented communities across the UK including identified areas of deprivation such as Birmingham, Liverpool, and parts of East London. While data analysis is

underway, the figure below shows the spread of participants based on post code. Link to map: <https://www.mapcustomizer.com/map/DIME%20Participants>



Figure 1. DIME Participants' area of residence based on post-code

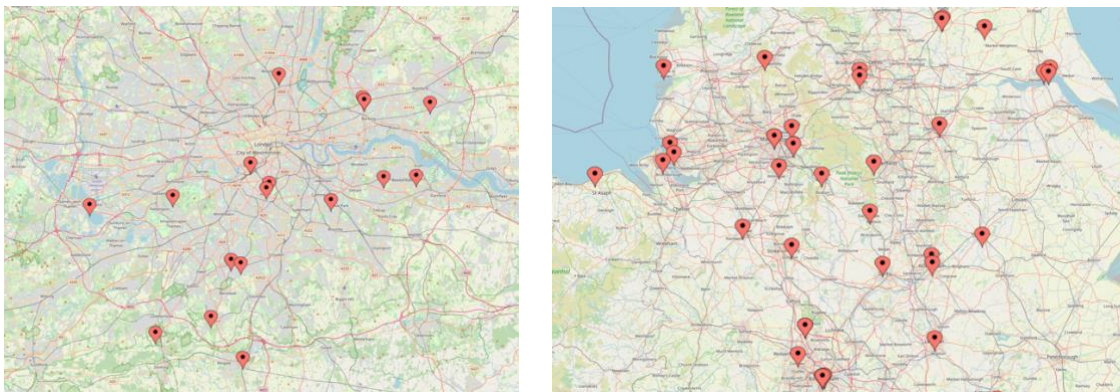


Figure 2. Greater London area and Liverpool/Manchester areas showing Participant Location

- NHS Early Intervention Co-Designed Leaflet: A catered 'Lunch and Learn' session was provided by the OH BRC PMM theme with 15 Care Coordinators from the NHS Early Intervention Service in Oxford to discuss what an inclusive collaboration with Oxford researchers might look like. Care Coordinators expressed the importance of authentic reciprocity with researchers (e.g., not just one-sided) and suggested home visits with a Care Coordinator, to understand the patient perspective and to have a behaviour change resource to take to patients' homes to support dialogue. The OH BRC PMM team developed the behaviour change content for a leaflet based on feedback from Care Coordinators, and a former NHS patient with lived experience designed the leaflet artwork. The leaflets were professionally printed and delivered to the NHS EIS where they are distributed in waiting rooms and at home visits. This established a trusting foundation between the NHS and OH BRC theme and several additional meetings have been held to discuss the co-design and development of a future DPhil project for first episode psychosis. The NHS Early Intervention Co-Designed Leaflet featured on Oxford Health BRC Website Link: <https://oxfordhealthbrc.nihr.ac.uk/oh-brc-theme-collaborates-with-nhs-care-coordinators/>



- Dietary Interventions and Cognitive Function Systematic Review: Another example includes two PPIEP members listed as co-authors on a large systematic review and meta-analysis project; the PPIEP members attended a half-day writing retreat and revised the introduction and supported the interpretation of the findings. As a novel approach, there will be a PPI paragraph in the manuscript dedicated to the patient voice that the PPIEP members will be responsible for crafting. This is in direct response to feedback from the PPIEP panel that they wanted more inclusion and involvement as researchers.