

Bath Mental Health Research Group

Research Inclusion Strategy

Table of Contents:

Section	Pages
Contact details	1
1.Introduction and context	2
2.Vision and Objectives	2
2.1 Our target Population	
2.2 Our Vision	
2.3 Our Purpose	
3. Understanding local Need	3
3.1 Regional Context	
3.2 Including the Diverse Population in research	
3.3 Young people: an underserved group	
4. Reducing inequalities in mental health research	3-5
4.1 Impact of mental health	
4.2 Underserved Groups of Young people	
4.3 Removing Barriers for Research Participants and PPIE	
4.4 Inclusive Communications	
5.Workforce and Leadership: An Equitable Culture	6-8
5.1 Equitable research culture for staff	
5.2 Our Practice	
5.3 Promoting Diversity in Leadership and research teams	
5.4 Equitable authorship and contribution	
6.Partnership Working	8
7.Monitoring	8-9

To contact the Bath Mental Health Research group please email:
Bathmhr@bath.ac.uk

1. Introduction and Context

This Inclusion in Research Strategy sets out our commitment to ensuring that all mental health research involving young people aged 12–25 across BANES (Bath and North East Somerset), Swindon and Wiltshire is inclusive, equitable, and reflective of the diverse communities we serve and is carried out by an inclusive research team. Young people face unique and evolving mental health challenges shaped by social, economic, cultural and environmental factors. Our research must therefore be designed, delivered and evaluated in ways that meaningfully include those whose voices are often missing from traditional research.

This strategy outlines our vision, principles, and practical actions to embed inclusion throughout the research lifecycle. It aligns with the NIHR’s expectations for inclusive research and supports our ambition to reduce inequalities in mental health outcomes for young people across the region.

This strategy was put together in consultation with the members of the Youth Strategy Group and Stakeholders Advisory Group. It is also informed by the University of Bath’s Equality Diversity and Inclusion Strategy and Equality, Diversity and Inclusion (EDI) in Research guidance. It also reflects the priorities of our funder as set out in the NIHR Research Inclusion Strategy 2022-27, the NIHR Disability Framework, the MESSAGE (Medical Science Sex and Gender Equity) Project and the Guidance from the NIHR INCLUDE project for improving the inclusion of under-served groups in clinical research.

2. Vision and Objectives

2.1. Our Target Population

Young people aged 12–25 represent a critical developmental period marked by rapid psychological, social and biological change. Mental health difficulties often emerge during adolescence and early adulthood, yet many young people remain underrepresented in research that shapes services and interventions.

2.2. Our vision is to create a research environment where every young person aged 12–25 across BANES, Swindon and Wiltshire have equitable opportunity to participate in, shape and benefit from mental health research.

2.3 Our purpose is to embed and integrate inclusive practice across all research activities, ensuring that studies reflect the diversity of the region and address the needs of underserved young people.

3. Understanding Local Need

3.1 Regional Context: BANES, Swindon and Wiltshire (BSW) a diverse region.

Our Mental Health Research Group is situated within the Bath and North-East Somerset, Swindon and Wiltshire (BSW) region of South-West England. BSW has a population of 940,000, a third of which are children and young people, which is the focus population for the research group. It is a large and varied geographical region (1,511 miles squared), with both densely populated urban and rural areas. There are major underlying inequalities between relatively affluent and deprived areas in the region; 14 neighbourhoods in BSW are within the most deprived 10% nationally (Index of Multiple Deprivation, 2019). This broader picture is reflected within the Mental Health burden. According to the Small Area Mental Health Index, many of the towns and cities in the region (e.g., Melksham, Trowbridge, Westbury, Devizes, West Bath) have a mental health burden significantly higher than the national average with multiple areas of mental health burden in the 9th and 10th Decile. There are also several towns in the region that represent particularly underserved communities (e.g., Swindon and Salisbury), including military families, and refugees. Outside of urban areas, a pattern of above average mental health burden in a large proportion of the geographical region highlights further difficulties in serving rural communities within BSW.

3.2. Including the diverse population in research

Understanding and acknowledging these differences is vital when considering their differing needs and differing access to services. Factors such as digital connectivity, transport, and community support, all shape people's lived experiences and, importantly for the MHRG, affect their research participation. Bath MHRG is keen to hear from and include *all* the community, including groups often underserved and less often heard in health research. This includes people from lower socioeconomic groups, the global majority, those with disabilities, the LGBTQ community, the homeless community, and those from rural communities and under 18s.

3.3 Young people: an underserved group.

The target group for Bath MHRG, i.e. young people aged 12-25 are a group themselves under-represented in health research. We aim to increase opportunities to take part in research for young people.

4. Reducing inequalities in mental health research

4.1 Impact of mental health

Mental health difficulties can affect anyone, no matter what their individual characteristics, background and location. This means mental health research should be for everyone and include everyone. However, this takes deliberate planning and

great care to deliver in an inclusive and equitable way. We are committed to hearing from as wide a group of people as possible with diverse committed stories. We will make a conscious effort to ensure our research includes the views of underserved communities and to think carefully about whose voices are missing and do our best to include them.

4.2 Underserved Groups of Young People (12–25)

We recognise the following groups as currently underserved in mental health research across the region:

- Young people from military families
- Care-experienced young people
- Neurodivergent young people
- Young people from global majority backgrounds
- LGBTQ+ young people
- Young carers
- Young people experiencing socioeconomic disadvantage
- Young people in rural or transport-poor areas
- Young people with limited digital access or knowledge
- Young people not in education, employment or training (NEET)
- Young people experiencing homelessness and insecure housing
- People with disabilities

Understanding these groups helps us design research that is responsive to their needs and experiences.

4.3 Removing Barriers for Research Participants and PPIE

We will work to recognise and address any structural barriers to research participation and PPIE work. This includes but is not limited to:

- Physical access for those with physical disabilities – ensure wheelchair accessible, blue badge or reserved car parking available nearby
- Hearing impaired – hearing loop available (particularly for large events), well sound-proofed rooms for smaller meetings, quiet areas for breaks
- Neurodiverse groups – identifying a quiet comfortable space with low-lighting and chairs (or a sensory room where possible) where neurodiverse people can temporarily retreat if they feel overwhelmed/overstimulated
- Visual impairments and specific learning difficulties – All participant information sheets, consent forms, debriefs, PPIE reports and minutes can be given in a screen-reader friendly format with options to adjust colour scheme and contrast of webpages and reports. We can also facilitate captioning of all videos and transcripts of podcasts if needed.

- Avoidance of stigmatising language and agreeing ways of referencing health conditions, disabilities, and mental health/substance use challenges that feel authentic and respectful to those experiencing them.
- Encouraging individuals to share their pronouns and their preferred name, where they feel comfortable to do so.
- Easy-read options for all Bath MHRG outputs e.g. meeting agendas, minutes and Terms of Reference for stakeholder and PPIE groups with options for alternative methods of information sharing upon request.
- Creating easy-read versions for public-facing documents e.g. Participant Information Sheets, consent forms and debriefing information, and adapted versions for people with learning difficulties with less reliance on written information.
- Translating written materials where needed to reduce barriers for non-English speakers
- Acronyms will be avoided where possible.
- Meetings will be clearly signposted, and maps can be provided in advance to easily locate buildings, rooms, and facilities.
- Ensure all documents related to research, meetings and events are circulated in a timely manner with clear contact information and participants and attendees are encouraged to communicate their access needs in advance.
- We will use inclusive, trauma informed language and terms and ensure our communications language and images are inclusive for all.
- Request information about access needs in all event invitations and strive to meet these as far as reasonably practicable.
- Transparency: We will be open and curious about who is included, who is missing, and why, and where possible, seek to find ways to hear the voices of those less often heard in research and research design.

To reach a diverse group of young people we will work with schools, colleges, universities, youth groups, sports clubs, health services, and community centres. We will also reach out through social media and youth-friendly digital platforms.

4.4 Inclusive Communications

We will work to communicate widely and inclusively with stakeholders through a range of formats including our website, newsletters, social media and in person and online talks and events. This approach aims to encourage involvement and communication with the research in a way which is accessible to the community and public members.

Social media and the website will include alt text and have screen reader accessible technology to ensure accessible communications.

5. Workforce and Leadership: An Equitable Culture

5.1 Equitable Research Culture for Staff:

At the heart of our MHRG culture are five core values. These values reflect how we treat each other, how we support one another's growth, and how we build a positive research environment where everyone can produce their best work. These core values are:

- **Integrity** – Integrity means being honest, transparent, and accountable in all aspects of our work.
- **Inclusivity** – This means celebrating the diverse perspectives, backgrounds, and experiences that MHRG team members bring with them
- **Collaboration** – In the MHRG we celebrate teamwork and share credit generously. We believe that as a collective we can produce the best quality outputs.
- **Excellence** – Excellence does not mean never making a mistake but reflects a commitment to high standards. We take pride in the quality of our research and the integrity of our process.
- **Respect** – Respect is foundational in shaping our MHRG experience. Respect is showing professionalism, kindness, and care, and this extends to everyone regardless of their role, title, or experience.

We are also keen to support those who are commonly disadvantaged in academic research such as women, and especially for those taking time off for maternity, parenting or caring responsibilities. The University of Bath's flexible working strategy to 'develop, recognise and value an engaged, diverse and high-quality workforce' includes things such as having flexitime with core working hours, working location and pattern of working whenever possible. Other policies such as term-time hours, compressed hours or annualised hours as well as flexible retirement also allow for flexibility in addition to job shares and career breaks. There is also a nursery on the university site for childcare. Additionally, there is a return-to-work fund to support researchers to re-establish their career after a break such as maternity or parental leave, phased return to work and reasonable adjustments. The university also has diverse outreach programmes such as the women's work lab which is a social enterprise project for women who have come from challenging backgrounds, including domestic abuse, and parenting children with special educational needs.

5.2 Our Practice:

Key to ensuring inclusion, accessibility, equity and diversity is ensuring we create a culture of welcoming and recruiting people from a diverse population into research and leadership roles. We want to ensure there are varied pathways into becoming a researcher in the group and this includes people with lived experience of mental health difficulties as well as all other aspects of diversity.

To do this we:

- Actively promote diversity of all kinds in leadership and research teams
- Ensure our research community is accessible, collaborative, open and equitable for all.
- Make reasonable adjustments for all hiring and recruitment procedures and in the workplace in line with the University of Bath recruitment, hiring and employment policies
- We offer flexible, hybrid, and family-friendly working policies and practices which align with the University of Bath policies
- Funding is available for all the Bath MHRG team for training

5.3 Promoting Diversity in Leadership and Research teams

We are keen to support all staff to build on their skills and continue their development whilst working in the MHRG. This means encouraging Early Career Researchers (ECRs) and Mid-Career Researchers (MCRs) to take on responsibility for roles to develop their leadership skills. For example, learning a range of skills such as working with stakeholders and PPIE groups enables the team to consider diverse perspectives in their research. In addition, research staff have access to internal and external training to support their development according to individual needs and to upskill in relation to equity related topics. In addition, this includes ensuring opportunities for staff from all backgrounds, we are actively seeking to recruit a diverse team.

Both formal and informal mentoring is available to research staff, and our culture is purposefully very supportive of furthering careers. Our culture is one of curiosity and collaboration and researchers benefit from being in an environment with a mix of skills, backgrounds and expertise so we can learn from and support one another both within and across work packages, faculties and universities. All research staff can be members of the NIHR academy and can also apply for an external mentor.

5.4 Equitable authorship and contribution

Lead and Co-Authorship for papers is encouraged as much as possible where researchers, and people with lived experience, if they wish to be authors, meet the International Committee of Medical Journal Editors guidelines for authorship and as per the Bath MHRG and University publications policy. This means authors must meet their 4 key criteria which is that 1) authors contributions are substantial in terms of the conception or design of the work, and/or conducting the research and analysis, 2) they have been involved in drafting or critically reviewing the paper, 3) have approved the final draft and 4) agree to be accountable for all aspects of the work including the accuracy and integrity of the work. It is recognised that there are ongoing inequities in academic publishing, for example with fewer women and people from minoritised backgrounds being lead authors on published papers. We will strive to address these

inequities and provide fair opportunities for first or senior authorships across the research team. Funding is available for research staff and people with lived experience to attend relevant conferences in the field and to present MHRG work.

6. Partnership Working

We have partnered with organisations and individuals connected to youth mental health to identify local priorities, support participant recruitment and to better understand the needs and diversity of the region we are serving. These partnerships also enable ongoing knowledge sharing. Building strong relationships ensures we can reach a wider range of participants and that our research is shaped by the local community to ensure it best meets local experiences. Building strong relationships ensures we can reach a wider range of organisations and individuals and work towards reducing inequity in health research through wider inclusion.

Some of our partnerships include:

- NHS Commissioners (Integrated Care Board)
- The Diversity in Research Network
- Third Sector Organisations
- Lived Experience Contributors
- Local Authorities
- Student Services at the University of Bath
- Education Leads
- NHS services
- Industry Partners (e.g. Mayden)

Our partnerships will work on a wider MHRG level through advisory groups and collaborative reciprocal work. Research theme specific partnerships will be developed to inform research and recruit relevant participants, e.g. substance misuse services or education providers. These partnerships allow us to target recruitment and reach underserved groups through networks beyond the University.

7. Monitoring

All Bath MHRG staff will be guided by this strategy and be responsible for acting in line with this document and supporting guidance from the NHIR and relevant institutions.

This strategy will be reviewed annually by the Executive committee. Action will be taken to address identified gaps or shortfalls in research inclusion.

7.1 Monitoring and action planning

Priority Area	Action	Review
Governance	Review and monitor stakeholder groups and	Annual

	identify key gaps and actively recruit underrepresented groups	
Local need and context	Work with up-to-date information and data as well as partnerships with young people, parents/carers and service providers to ensure we are responsive to local need and context in research and dissemination.	On-going
Research Culture / Workforce leadership	Review and monitor workforce make up. Ensure opportunities are given fairly in relation to training and development Actively recruit and advertise roles and participation to a wide range of applicants.	All, On-going
Reducing inequalities in research	Recognise the specific areas where there are underrepresentation, which is relevant to our work, actively promote inclusion in research studies and PPIE to specific identified groups including, targeted advertising, partnerships and events.	On-going
Partnerships	Maintain existing partnerships and build new partnerships that support research inclusion e.g. organisations that work with and support underrepresented groups	On-going