

Identifying Research Priorities for Digital Technology in Mental Health Care: Results of the James Lind Alliance Priority Setting Partnership

Hollis et al. (2018)

[https://doi.org/10.1016/S2215-0366\(18\)30296-7](https://doi.org/10.1016/S2215-0366(18)30296-7)

For which topic were research priorities identified?

digital technology in mental health care

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Digital technology, including the internet, smartphones, and wearables, provides the possibility to bridge the mental health treatment gap by offering flexible and tailored approaches to mental health care that are more accessible and potentially less stigmatising than those currently available. However, the evidence base for digital mental health interventions, including demonstration of clinical effectiveness and cost-effectiveness in real-world settings, remains inadequate.

What was the objective?

to identify research priorities that reflect the perspectives and unmet needs of people with lived experience of mental health problems and use of mental health services, their carers, and healthcare practitioners

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

February 2016 - February 2018

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: establishing partnership and defining scope. Step 2: gathering and identifying questions: via survey, 5 national workshops and tweet chat, survey asked: What questions do you have about using digital technology for mental health problems?, total of 1259 questions collected. Step 3: data processing: removing out-of-scope questions, creating list of unique researchable questions, check for evidence, resulting in 134 summary questions. Step 4: interim ranking: survey using an optimal card sort method: participants were asked to select the ten questions important to them with the option to identify the three most important questions from their top ten, to reduce the response burden each participant was presented with a random sample of 45 questions, top 26 questions moved forward. Step 5: final prioritization: workshop: before workshop participants prioritized the top 26 questions privately to ensure familiarity with questions and their personal preferences, workshop with nominal group technique: small group discussions, small group rankings, new small groups formed and new small group rankings, plenary discussion

Which stakeholders took part?

People with personal lived experience of a mental health condition, their families and carers, and healthcare providers. Survey: 583 participants, 28 Twitter participants, 33 workshop participants: 616 with lived experience, 163 carers, 365 health and social care practitioners. Interim ranking: 615 participants: 357 with lived experience, 157 carers, 345 health and social care practitioners. Workshop: 27 participants: 14 with personal experience of mental health problems, 3 family members or carers of people with mental health problems, 15 health and social care professionals (participants could be in more than one category).

How were stakeholders recruited?

The project website directed people to the survey and the link was also distributed by the steering group and wider partners across networks and contacts. The project team prepared newsletter articles and blog posts, which were shared widely by a wide range of organizations. The Mental Elf, a leading UK blogging website run by mental health experts, featured a blog at the launch of the survey and social media channels were used extensively to publicize the survey. The survey was hosted on the project website and participants were invited by partner organizations and via newsletters, online, and social media campaigns.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process. They were part of a steering group. The steering group consisted of people with personal experience of mental health problems, carers, and health and social care practitioners, with additional knowledge and expertise provided by representatives of key UK mental health charities and researchers. Clinical researchers and mental health charity representatives took part in steering group discussions, but decisions were only made by a quorum of at least two people with lived experience of mental health problems or caring for others, and at least two health and social care practitioners. The