



Tees, Esk and Wear Valleys
NHS Foundation Trust



Peer research on food insecurity in adults with SMI living in Northern England

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tees.ac.uk/health&lifesciences

Background/context

Key Stats

**9.7 million
adults**

(18% of households)
experienced **food
insecurity** in the past month
(September 2022)

**4 million
children**

live in households that have
experienced **food insecurity**
in the past month
(September 2022).

**54% of
households**

on Universal Credit
experienced **food
insecurity** in the past month
(September 2022).

**The Food
Foundation
(2022)**

Background

- Food Insecurity is a lack of financial resources needed to ensure reliable access to food to meet dietary, nutritional, and social needs.
- An estimated 8.4 million people in the UK are affected by Food Insecurity which has become worse since COVID-19.
- Adults with Severe Mental Illness (SMI) have even higher levels of Food Insecurity.
- It is estimated that just 11% of people living with psychosis are in employment.
- People living with Severe Mental Illness are more likely to live with physical health conditions like obesity or diabetes, many of which are preventable. This may result in a shorter life expectancy of 15-20 years compared to the general population.

Income & Mental Illness

- People living with mental ill health face a significant income gap compared to those without mental ill health (as high as £8,400 per year) (Elliott, 2016).
- Just 11% of people living with psychosis were in employment in 2014 (Bond and D'Arcy, 2020).
- 38% of people accessing food banks are experiencing mental illness (Hadfield-Spoor).
- This has been exacerbated by COVID-19 (Trussell Trust, 2020).

Development of this research

- A recent systematic review conducted by us (being prepared for publication) on Food Insecurity (FI) in adults with Severe Mental Illness (SMI) showed that there is **limited UK-based evidence on the prevalence of FI in SMI**.
- Discussions with Equally Well UK (EW-UK), a campaign of the Centre for Mental Health, highlighted that **FI is increasingly prevalent for people living with SMI**. This has been worsened by COVID-19.
- Anecdotal reports describe service users prolonging their hospital stay to receive meals that they would not be able to purchase upon discharge home. Early conversations with local Food Power Partnerships and the Mayor of Middlesbrough identified that there are **no current initiatives to address FI for people with SMI**.

Research Plan

- Title: “A mixed methods study using co-production to explore food insecurity in adults with Severe Mental Illness living in Northern England”.
- Funded by the NIHR Research for Patient Benefit –Mental Health in the North programme.
- This is an 18-month project which started on 27th September 2021.
- Jo Smith is the NHS Chief Investigator with Dr Emma Giles from Teesside University acting as the academic CI.

Our study

Funding received by NIHR RfPB to understand the following research questions:

- What are the **experiences** of adults with SMI in relation to FI in Northern England?
- What are the possible **approaches** that adults with SMI think would be useful to support them to access adequate healthy, affordable food?



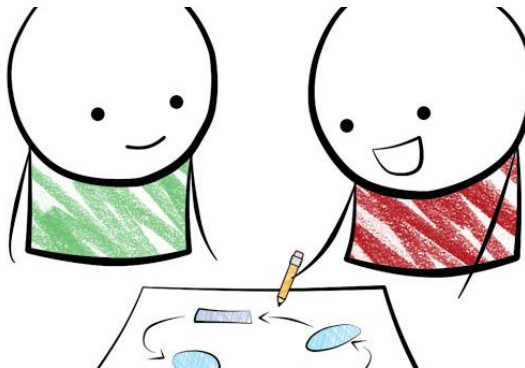
Objectives

1. **To form a research collaboration:** between TU, TEWV NHS FT, and Equally Well The Centre for Mental Health
2. **To train peer researchers:** to undertake data collection for the study
3. **To undertake a survey:** to ask about experiences of FI
4. **To undertake interviews:** explore feasible and acceptable FI solutions/approaches
5. **To undertake data triangulation:** to inform recommendations

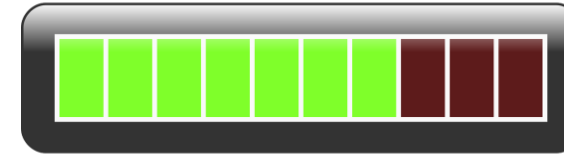


A Focus on Peer Research

- Feedback from EbyEs developing the funding application suggested that people would feel **more comfortable discussing their potentially difficult experiences of FI with a peer** rather than an academic/clinician.
- Therefore, we planned for EW-UK to recruit two sessional EbyE (as PRs) **to undertake data collection** (supported by EW-UK's researchers).
- Facilitate a peer support model, with the **two PRs working together to support each** other in developing research skills.
- Provide **initial training and induction** for the successful PRs, trained by EW-UK's research team, largely focusing on research activities such as interviews. Additional support to be provided by Teesside and Newcastle co-applicants.
- EW-UK preferred two researchers in the room when conducting interviews (for support and mentoring), therefore interviews will include one of EW-UK's researchers and a PR.



Where we are up to



- Data collection was completed just before the end of December 2022
- Data analysis is ongoing; and discussions are occurring with EW-UK and the peer researchers about their involvement in write-up and dissemination
- Previously discussed that peer researchers did not want to be involved in analysis

What have we learned as a research team?

- Research Passports and Letters of Access were required for Peer Researchers for all NHS sites, even when supported by the research team.
- We needed at least four Peer Researchers for a project as **they may become unwell** during the project = the project had delays waiting for other PRs to join and be trained.
- Peer Researchers need to have **regular reminders** of interview details – sometimes they forgot about interviews that were organised in advance.



What do we suggest?

- Apply for Letters of Access and Research Passports early; **apply for more** people than may be required in case anyone is unavailable.
- **Train** additional PRs in case any one/more PRs become unavailable, otherwise it creates a time lag.
- Factor in potentially **increased administrative load** to send reminders.

What have we learned as a research team?

- The Peer Researchers did not feel comfortable recording interviews using a Dictaphone and preferred to ask the questions only. **This required an ethics amendment.**
- It would be easier to employ the Peer Researchers **within the sponsor organisation** than to work with an external organisation, as HR processes were often out-with of the research team's control. This made the Research Passport application very complex and led to delays.



What do we suggest?

- Discuss all aspects of data collection well in advance to plan logistics, to avoid potentially lengthy ethics delays.
- Consider legal, policy-related, and pragmatic factors well in advance. Do all organisations in the partnership **'sing from the same hymn sheet'** with regards to ways of working and documents/training required?



Feedback from peer researchers

"For me the opportunity to work on a project like yours, as a peer researcher specifically, feels very validating. It helps me to believe that although I have been through some unfortunate and unpleasant times, I now have the opportunity to learn from and influence the experiences that others in similar situations may come to face. On an even more basic level it helps me to see that I am not the only one; there is nothing inherently 'wrong' with me to have experienced food insecurity alongside living with SMI – it's unfortunately a very common situation and now I have the ability to recognise that, I think I can make changes in my own life and future planning also. And as always working with and alongside a professional and dedicated team of academics goes a long way to helping me see the value in my experiences, and my opinions."

Thank you – any questions?

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