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Supporting honest and reflective engagement after Mental Health Act assessments

Submission date
04/12/2025

Recruitment status
Not yet recruiting

Registration date
02/02/2026

Overall study status
Ongoing

Last Edited
02/02/2026

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol
Background and study aims
The Mental Health Act (MHA) assessment is a legal process where mental health professionals decide if someone needs to go into mental health hospital for care, even if they do not agree. These assessments can feel frightening, confusing, and leave people feeling excluded from decisions about their life. This study aims to develop a new type of support to help service users and mental health staff talk after an MHA assessment. The goal is to help service users reflect on what happened, make sense of the experience, and share their wishes for future assessments. This support also aims to improve relationships between staff and service users and reduce the need for compulsory hospital admissions in the future.

Who can participate?
1. Adults aged 18 years or over who have been assessed under the Mental Health Act or 'sectioned.' Live in north London, Sussex or Hampshire. Participants need to understand the study and agree to take part.
2. Members of staff working in mental health service (North London, Sussex or Hampshire) either with people who have been compulsory admitted to hospital or involved in legal process (Approved Mental Health Professionals and Section 12 Doctors).
Different criteria for the workshops. Please contact lead researcher.

What does the study involve?
The study has three stages:
1. Interviews and focus groups– Talking to service users about their experiences of MHA assessments and what support they need afterwards. Focus groups with staff about their experience of supporting people after a n assessment.
2. Workshops – Bringing together people with lived experience, staff, and others to design a draft support approach.
3. Testing – Trying out the draft support with 12 staff and 6 service users and improving it based on feedback each time it is tested.

What are the possible benefits and risks of participating?
Benefits: You may find it helpful to reflect on your experience and contribute to improving mental health services for others.

Risks: Talking about your experience may feel upsetting. The research team will support you throughout, offer breaks, and provide information on where to get help if needed. You can stop at any time without giving a reason, and this will not affect your care.

Where is the study run from?
The study is run by University College London (UCL) (UK). Interviews can take place at a UCL building, a mental health team location, or remotely (phone/video).

When is the study starting and how long is it expected to run for?
May 2025 to October 2028

Who is funding the study?
National Institute for Health and Social Care Research (NIHR) (UK)

Who is the main contact?
1. Louise Blakley, DOP.Sharestudy@ucl.ac.uk
2. Prof. Bryn Lloyd-Evans, b.lloyd-evans@ucl.ac.uk

Contact information

Type(s)
Scientific

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Additional identifiers

Central Portfolio Management System (CPMS)
68268

National Institute for Health and Care Research (NIHR)
304102

Integrated Research Application System (IRAS)
353351

Study information

Scientific Title
PhD study to co-design a novel intervention to support discussion between mental health staff and a service user after a Mental Health Act assessment

Acronym
SHARE

Study objectives
1. Exploring service users' experiences of MHA assessments and post-assessment support.
2. Understanding staff perspectives on barriers and facilitators to these discussions.
3. Co-designing a prototype intervention with stakeholders.
4. Testing and refining the intervention based on participant feedback.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 25/09/2025, London - Camden & Kings Cross Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, UK; +44 (0)2071048112; camdenandkingscross.rec@hra.nhs.uk), ref: 25/LO/0671

Study design
Non-randomized study

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Mental health

Interventions

The study aims to develop a new type of support to help service users and mental health staff have structured discussions after a Mental Health Act (MHA) assessment. MHA assessments can be distressing and confusing, and there is currently no routine follow-up support for service users to reflect on their experience, ask questions, or express preferences for future care. This study will co-design, test, and refine a structured approach to post-assessment discussions to improve service user understanding, reduce distress, increases advance care planning, and strengthen relationships between service users and staff.

It will happen in three different NHS sites including Hampshire and Isle of Wight Healthcare NHS Foundation Trust, North London NHS Foundation Trust and Sussex Partnership NHS Trust. These Trusts cover both city and countryside areas and include different types of healthcare settings, such as hospitals and community clinics, to ensure a wide range of experiences

The study is structured into three work packages (WP) over 38 months, following a step-by-step approach to developing and trying out the new type of support.

WP1 Evidence Gathering and Qualitative Data Collection (Months 0–18):
o Up to 20 service users who have had an MHA assessment who remember and willing to share their experiences in a one-off interview.
o Around 20 mental health staff (either involved in MHA assessments like Approved Mental Health Professionals and doctors, or support afterwards like inpatient and community staff) will take part in interviews or focus groups.
o Published research on similar support approaches will be look at

WP2 Co-Design Workshops (Months 16–28):
o Two workshops will be held with people with lived experience, carers, mental health staff, and policy experts.
o Workshop 1: Participants will discuss and develop ideas for this new type of support using creative activities like brainstorming and drawing out plans.
o Workshop 2: Participants will look at draft materials and suggest changes to make them easy to use, clear, and suitable for real-life situations.

WP3 Testing and Refining the Intervention (Months 26–38):
o User Testing: Six staff participants will role-play using the draft type of support with a Lived Experience Advisory Panel (LEAP) member acting as a service user.
o Real-World Testing: Six service users and six staff members will use the draft support together and share how it worked.
o Follow-up Interviews: participants will share their thoughts on how helpful and practical the draft support is. Their feedback will help improve it.

Recruitment
WP 1 and 3:
• Service users will be recruited from inpatient wards, community teams, and support groups. Recruitment methods include NHS staff talking to potential participants, self-referral via adverts, contact through research databases, and community outreach.
Lived Experience Researchers will help by promoting the study in mental health settings. No personal data screening will be involved.
• Staff will be recruited via emails from Trust teams, workplace meetings, and targeted outreach to those working with recently assessed service users.

WP2:
WP2 will involve a mix of people, including those with lived experience (including carers, mental health staff, leaders, policymakers, and charity representatives. Recruitment will be national through social media, emails, and self-referral. WP2 will specifically recruit individuals with lived experience of Mental Health Act (MHA) assessments who have prior experience collaborating with professionals in research, education, or service development.

Patient and Public Involvement:
This study has been shaped by the experiences and insights of people with lived experience of Mental Health Act (MHA) assessments and their careers. The research question—what support is needed after an MHA assessment was identified through multiple sources:
a) An initial collaborative research study conducted by LB and three Lived Experience Researchers.
b) A scoping exercise, where over 30 people who had experienced an MHA assessment were consulted. Shockingly, only four had ever had a follow-up discussion with a mental health professional about their experience.
c) A small consultation group of people with lived experience and carers helped refine the research design.
How Lived Experience Input Shaped the Study
The insights and recommendations from these groups directly influenced the study's design.

A few examples:
• Flexible interview options: Participants can choose to take part via telephone, online, or face-to-face, making it more accessible.
• Joint interviews with lived experience researchers: Some interviews will be conducted by LB alongside a trained lived experience researcher, ensuring participants feel supported.
• Advance care planning: The research team incorporated this into the intervention based on service user feedback, as participants wanted more say in future crisis care.Lived Experience Advisory Panel (LEAP)
A Lived Experience Advisory Panel (LEAP) will collaborate throughout the study. The panel consists of eight members, meeting every two months. LEAP members will be trained and funded to actively contribute as Lived Experience Researchers, working alongside LB on research activities like interviewing, analysis and facilitating workshops.

Procedures:
Work Package 1 (WP1): Service User Participants

Initial Contact:
• NHS staff will inform potential participants about the study.
• If the service user agrees, their contact details will be securely shared with the research team via secure email by NHS staff.
• If a service user contacts the research team directly, permission will be sought to consult their care team about their capacity to participate.
• A meeting will be arranged with the research team to check eligibility, explain the study, provide the Participant Information Sheet (PIS), and answer any questions.
• Plans for support in case of distress during the interview will be discussed.
• Participants will have at least 24 hours to decide whether to take part.

Consent:
• Formal consent will be collected before the interview, either via a signed paper form or a recorded verbal agreement if conducted online.

Data Collection:
• A one-time interview will be conducted either:
o Face-to-face at an agreed location.
o Online via a secure video or audio call.
• Participants can choose to be interviewed by the lead researcher (LB) alone or jointly with a trained Lived Experience Researcher.
• Online interviews will be recorded using Microsoft Teams.
• Demographic form will be completed, after consent, by the participant or by researcher in discussion with participant.
• The interview (lasting up to 60 minutes) will focus on:
o The participant's experience of an MHA assessment.
o The support received afterward.
o Suggestions for improving support after an MHA assessment.
• Debriefing: After the interview, participants will have time to reflect on the discussion and ask questions.• Support Information: Participants will receive information about MHA assessments and a Support Resources Sheet. If they require immediate support, the researcher will assist in contacting their identified support person.
• Anonymised Transcripts: If the participant agrees, they will receive an anonymised transcript of their interview, acknowledging that this may be the first time they have spoken about their experience.

Work Package 1 (WP1): Staff Participants:
Initial Contact:
• Via managers or NHS site communication channels will share information about study with staff.
• Staff can contact the research team directly or agree to have their contact details shared via their manager.
• A meeting will be arranged with the research team to check eligibility, explain the study, provide the Participant Information Sheet (PIS), and answer any questions.

Consent:
• Formal consent will be collected, through an online form before start of focus group.

Data Collection:
• Demographic form will be completed, after consent, by the participant or by researcher in discussion with participant.
• Online focus groups (lasting up to 90 minutes) will include discussions on:
o Post-MHA assessment support.
o Challenges and facilitators in providing support.
o Suggestions for a new type of support.
• Focus groups will be conducted by LB and a research team member.
• One-off interviews will be conducted for staff in underrepresented professional roles and will cover discussion areas listed above.

Data Analysis for WP 1:
• Interview and focus group transcripts will be checked for accuracy and anonymised before sharing with research team.
• We will use a software programme to help with the amount of data to analysis.
• Data will be analysed using thematic analysis, a recognised qualitative research method, with a collaborative methodology.
• Lived Experience Researchers will collaborate with the lead researcher (LB) in reviewing and interpreting findings.Work Package 2 (WP2): Co-Design Workshops

Initial Contact:
• Potential participants will register online, providing:
o Contact details.
o Their role (e.g., service user, carer, staff).
o A brief reason for wanting to attend.
This ensures a wide range of views in the workshops.
• Lived Experience Participants (including carers) will have a meeting with a researcher to:
o Explain the purpose and structure of the workshop.
o Ensure they have prior experience collaborating with professionals in research, education, or service development.
o Help them feel confident and prepared for group discussions.
• Other stakeholder participants will be offered an optional meeting based on their prior knowledge of the study.

Consent:
• Consent will be obtained through:
o A meeting (if participants need assistance completing the form).
o An online form.
o A paper form on arrival at the workshop.

Data Collection and Involvement:
Demographic form: Completed online or on paper at the workshop.

Workshops:
o Two four-hour in-person workshops.
o Includes presentations, group discussions, and creative activities.
o Breaks and refreshments provided for comfort.
o Facilitated by LEAP members, the research team, and LB.
o Participants can attend one or both workshops, held up to eight weeks apart.

Workshop 1: Idea Generation:
• Findings from WP1 (interviews and research on MHA assessments) will be shared.
• Participants will explore ideas for improving support through brainstorming, mapping, and storyboarding.
• They will compare current practices with ideal support and vote on key ideas
• The research team will use this input to develop examples of potential types of support for Workshop 2.

Workshop 2: Refining the Intervention:
• Participants will review and refine the draft materials.
• Discussions will focus on practicality, usability, and potential challenges.
• Feedback will guide the development of a manual to support the intervention's implementation.
Extra interviews or meetings maybe be held with stakeholders unable to attend the workshops to gain a full range of perspectives.

Work Package 3 (WP3): Testing the Draft Support:
A) User Testing with Staff Participants

Initial Contact:
• Interested staff will contact the research team and must not have taken part in earlier work

packages.
• The researcher will explain the study, check eligibility, and answer questions.

Consent:
• If staff agree to participate, consent will be obtained either as online form or recorded agreement before testing begins.

Data Collection and Involvement:
• Demographic form: Completed online or before the testing session.
• Draft support materials will be sent to participants in advance.
• Testing session (recorded and in two parts):
1. Role-Play Testing: Staff will use the draft support tool with a LEAP member, who will role-play a service user. Staff will share their thoughts using a "think-aloud" method.
2. Feedback Discussion: Staff will discuss their experience and suggest improvements.
B) Real-World Testing with Staff and Service User Participants

Initial Contact:
• NHS staff will first agree to participate and discuss the study with the research team.
• Staff will then speak to service users they work with about the study.
• If the service user agrees, their contact details will be securely shared with the research team.• A meeting will be arranged with service user to confirm eligibility, explain the study, provide the Participant Information Sheet (PIS), answer any questions.
• To discuss plans for support if distress occurs.
• Participants will have at least 24 hours to decide whether to take part.

Consent:
• Service users: Consent will be collected via paper form or recorded agreement if online.
• Staff: Additional option of completing consent online.

Data Collection and Involvement:
• Service users and staff have the sessions trying out the draft support. If they have both agreed, then this will be recorded as it is optional.
• Follow-up interviews (individual and, if both agree, joint) will explore:
o How useful the support was.
o Challenges faced.
o Suggested improvements.

Analysis of WP3:
• After each testing, the data will be looked at using a method called Instant Data Analysis
• Findings will inform changes to this new type of support.
• A more detailed analysis will happen at the end of this work package to help create a how to guide for staff to use the new type of support.

Intervention Type
Other

Primary outcome(s)
1. Service users and staff experience of Mental Health Act assessments and the support afterwards, measured using qualitative data collection and analysed by thematic analysis methodology at a single timepoint

Key secondary outcome(s))

Completion date
02/10/2028

Eligibility

Key inclusion criteria
Service user participants WP1 and WP3:
Eligible participants will:
1. Have experienced and remember the Mental Health Act assessment
2. Be able and willing to discuss this experience
3. Be aged 18 years and over and under 65 years
4. Have the capacity to consent at the time of recruitment

Staff participants WP1:
Eligible participants will be:
1. Currently involved in MHA assessments as an Approved Mental Health Professional or Section 12 Doctor or Consultant psychiatrist, or
2. Working with service users who have experience MHA assessments and work within a Crisis, community mental health team or inpatient unit as a nurse, psychiatrist, psychologist, social worker or occupational therapist

Staff, stakeholders and lived experience participants (for WP2 workshop):
Eligible participants will be:
1. A stakeholder in Mental Health Act assessment includes as person with lived experience, carer (e.g. partner, family or close friends), staff with direct service user contact, mental health clinical leadership and management, policy maker or charity and voluntary organisation
2. Willing and able to attend either one or both of the workshops

Additional criteria for lived experience participants:
Previous experience of using their lived experience, whether as a service user or unpaid carer, in a research, educational or service development setting and have experience of a MHA assessment

Staff participants WP3 testing and refining
The eligible staff participants will be:
1. Staff that work in role and setting which is relevant to prototype intervention being designed in WP2
2. Be willing to be trained and test the prototype intervention
3. Be willing to be interviewed after the testing and share thoughts and ideas

User testing criteria:
Staff participants to be new to the prototype intervention, i.e. not a participant in any other WP

Real-world testing criteria:
Staff participants may or may not have been involved in previous work packages.

Service user participants WP3 testing and refining
Eligible participants will:
1. Have experienced a Mental Health Act assessment within the last year
2. Be able and willing to discuss this experience using the prototype intervention

3. Be aged 18 years and over and under 65 years
4. Have capacity to consent at the time of recruitment

Participant type(s)
Health professional, Patient, Service user

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
65 years

Sex
All

Total final enrolment
0

Key exclusion criteria
Service user participant (for WP1 and WP3):
Participants will be excluded if:
1. They have a diagnosis of dementia or a brain injury
2. Over 65 years old
3. Do not speak sufficient English to take part without an interpreter
4. Lack of capacity to consent
5. No memory of MHA assessment.

Staff, stakeholder and live experience participant (for WP2 co-design workshops):
Participants will be excluded if:
1. Have a diagnosis of dementia or a brain injury
2. Over 65 years old
3. Do not speak sufficient English to take part without an interpreter
4. Lack of capacity to consent

Staff participants (for WP1 and WP3):
None specified

Date of first enrolment
01/05/2026

Date of final enrolment
02/10/2028

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Hampshire and Isle of Wight Healthcare NHS Foundation Trust
Tatchbury Mount Hospital
Calmore
Southampton
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SO40 2RZ

Study participating centre
North London NHS Foundation Trust
4th Floor, East Wing
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Study participating centre
Sussex Partnership NHS Foundation Trust
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Sponsor information

Organisation
University College London

ROR
https://ror.org/02jx3x895

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be stored in a publicly available repository - UCL Research Data Repository (http://rdr.ucl.ac.uk/)

IPD sharing plan summary
Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 1	14/07/2025	29/12/2025	No	No