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## **A Survey of Research Capacity and Partnerships Among Mental Health Occupational Therapists in the United Kingdom**

### **Abstract**

**Introduction:** Occupational therapists working in mental health services in the United Kingdom (UK) are under increasing scrutiny to provide both clinically and cost effective services. The profession has indicated that a stronger evidence base would help promote the unique contribution of occupational therapy when influencing service managers and government bodies.

**Method:** The Royal College of Occupational Therapists and its Specialist Section – Mental Health carried out a survey to gauge recent research capacity among occupational therapists working in mental health services in the UK, and to seek their views about how to further increase research capacity and partnerships.

**Findings:** Of the 145 participants approximately half had been involved in research in the past five years, and most had involved research partnerships. About half of the research carried out had been disseminated. Nine out of sixteen participants had successfully applied for funding and. Participants felt that methods to increase research capacity and partnerships should continue to include improving research leadership and networks; promoting research skills through formal studies and increasing research dissemination.

**Conclusion:** A variety of methods will continue to be required to expand the evidence base. RCOT and its Specialist Sections continue to have an important role developing research capacity and partnerships.

## **Introduction**

The role of the Royal College of Occupational Therapists (RCOT)<sup>1</sup> and RCOT Specialist Section-Mental Health in supporting research culture is pivotal as both have UK wide networks which are crucial for example, in multisite projects. RCOT produces various resources to support the profession with information about research training, funding, competencies, ethics and involving service users. Each Specialist Section has a dedicated Research and Development Lead who supports requests for research involvement among its members. RCOT and its Specialist Sections also give awards for education, research and CPD in addition to the UKOTRF funding. As much larger research is multi-professional, RCOT advocates involvement in the Council for Allied Health Professions Research (CAHPR) Regional Hubs Network which provide research advice and support to clinicians and academics. RCOT and its Specialist Sections have an ongoing role in promoting these opportunities and resources to the occupational therapy community.

*Recovering Ordinary Lives: the strategy for occupational therapy in mental health services 2007 to 2017*, (College of Occupational Therapists, 2006) was developed to improve the impact and leadership of the profession. When reviewed at the half way point in 2013, it highlighted that qualitative evidence is dominant within the profession. A key concern for occupational therapists is the lack of quantitative evidence of sufficient rigour to allow entry into well-established clinical guidelines, such as those produced by the National Institute of Clinical Excellence (Smyth, 2014). The need for research in mental health that prioritises clinical and cost

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<sup>1</sup> Royal College of Occupational Therapists from April 2017, formally College of Occupational Therapists

effectiveness has been established by the College of Occupational Therapists in 2007 (COT, 2007). The imperative to demonstrate this level of evidence has become more pressing in recent years as the global economic recession had led to questions about funding of occupational therapy services. In order to better understand how the profession may achieve this, occupational therapists requested more information about how to continue to develop research capacity and partnerships. Research capacity development aims to improve the ability of professionals to contribute to the research based used within practice, with partnerships between people and organisations being key vehicles for achieving this. The College of Occupational Therapists and COT Specialist Section – Mental Health therefore decided to map current research capacity in mental health and seek views about how to further promote research capacity and partnerships.

### **Literature Review**

A literature search was completed using the Academic Search Complete and Google Scholar search engines. Key search terms included ‘research capacity’ and ‘research partnerships’, these terms were combined with ‘occupational therap\*’, ‘allied health’ and ‘mental health’ in turn. Limits applied required articles to be written in English, have full text available through either the RCOT or University of Cumbria library (due to funding restrictions) and published since 2010.

No articles considering developing research capacity and partnerships in mental health occupational therapy specifically within the UK were found but several related articles have pertinent findings. For example, Upton *et al* (2014) carried out a systematic review of research published between 2000 and 2012 relating to occupational therapy and evidence based practice (EBP). They performed a critical analysis of 32 papers, ten of which included UK based respondent although only

one of these papers was mental health specific. They reported that all studies demonstrated positive attitudes towards using and developing EBP to some degree as a means to enhance the credibility of the profession while a proportion view it as too complicated and too much effort. A large proportion of the studies indicated limits to skill level and lack of confidence in the research process but a desire to increase knowledge, skills and hence capacity.

Other relevant articles from Australia have given similar results. Hitch (2016) surveyed 41 mental health occupational therapists who generally held positive attitudes to EBP, and found that those with more post graduate training were more likely to try new or manualised interventions. Pighills *et al* (2013) conducted a survey of 86 Australian occupational therapists from a range of practice areas and concluded a high proportion are interested in research but had little experience and high support needs. Again, these studies give validity to the similar results found by Upton *et al* (2014).

Finally, two articles specifically considered how to develop research partnerships in occupational therapy. Njelesani *et al* (2013) conducted three interviews with occupational therapists that had formed an international research partnership between Canada and Zambia. They concluded that partnerships develop when they are long term, and that the concepts and assumptions of different partners are treated with respect and reciprocity. Bryant *et al* (2012) developed a collaborative research group with mental health service users and occupational therapists and found protected time and neutral space were required as well as having a shared vision for the future. Although these studies had much smaller numbers of participants than the systematic review and surveys above, the qualitative findings present valuable suggestions about what may be more successful paths to

developing research partnerships. However, given the gap in the literature about research capacity and partnerships among occupational therapists who work in mental health services in the UK, it was felt to be worthy of further analysis with an emphasis on current research capacity and views about how to better promote research capacity and partnerships.

## **Method**

The overarching aim of the project was to map recent research activity among mental health occupational therapists in the UK and to establish views about how to promote research capacity and partnerships. An online survey was used to meet the following aims:

- To map research activity among mental health occupational therapists in the UK including both primary and secondary research
- To gather views from participants about how to promote research capacity and research partnerships

A survey design was chosen as an appropriate way to address the research question and because it allowed coverage of a wide geographical area across the UK. COT holds a licence with Survey Monkey which allows more in-depth surveys to be conducted.

The survey was devised by the authors and was based on suggested methods to measure research capacity from the literature. For example, Williams and Lazzarini (2015) indicated that measuring research outputs or self-reported skill level are useful methods to ascertain capacity. Both closed and open questions were used. The survey questions focused on measured outputs such as research funding and publications. It also collected participants' views about how to develop research

capacity and partnerships. The survey was in three sections asking for participants' demographic information, their research activity and their views about promoting research capacity and partnerships (see Appendix 1).

The project was reviewed and approved (reference RG33/2015) by the COT Project Ethics Review process to ensure it met the required standards outlined in national Research Governance Frameworks. Consent was implied by completing the survey and explained in the email invitation to participate. The online survey was anonymous and data was treated confidentially in accordance with data protection requirements. Additionally, Survey Monkey provides a high level of security and encryption to protect data.

The survey was open for eight weeks from the 18<sup>th</sup> March until the 13<sup>th</sup> May 2015. The target audience for the survey was any occupational therapists or occupational therapy students in the United Kingdom who had an interest in or had carried out recent research in the area of mental health. Students were included as research skills are core skills learnt during their training and they are critical to future research capacity.

Participants were recruited via email invitations to members of the COT Specialist Section –Mental Health; to members of the Strategic Leads in Mental Health COT email network; and to Higher Education Institute leads. Information about the survey and an invitation to participate was also included on the COT Specialist Section – Mental Health webpages and in the March 2015 edition of *Occupational Therapy News* (Smyth 2015). The survey was also placed on a public page of the COT website to promote completion. This wide publication of the invitation means it is not possible to calculate a response rate.

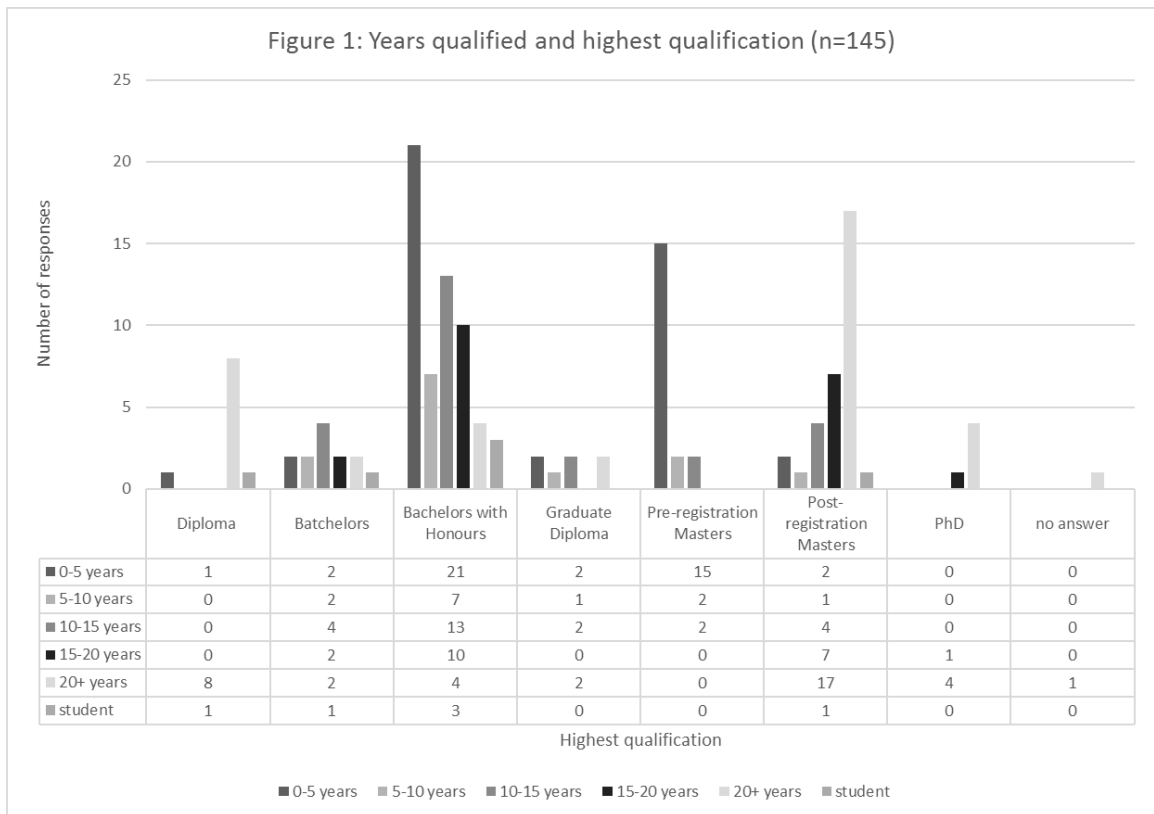
The data collected via Survey Monkey were analysed by the authors. Data from tick boxes was collated via the online survey analytic programme. This data was evaluated carefully and responses compared between questions to ensure authentic conclusions were drawn. The free text responses were considered using thematic analysis (DePoy & Gitlin, 2015). To ensure trustworthiness and credibility within the qualitative analysis, the authors worked independently before comparing and discussing themes. Finally, responses of both quantitative and qualitative data were compared to confirm trustworthiness and reliability of the analysis.

## **Findings**

### **Demographic information about participants**

A total of 145 participants replied to the survey, with 80% (n=116) working in England, 14% (n=20) in Scotland, 5% (n=7) in Wales and 1% (n=2) in Northern Ireland. The majority of participants (95%, n=137) were qualified occupational therapists, and as can be seen in Figure 1, there was a fairly even spread of time since qualification. Participants held a wide range of qualification, but a link between the level of qualification and involvement in research was not found. Most participants were employed in the NHS (80%, n=116), and the rest were employed in education, the charity, private or social care sectors.





### Reported involvement in research

Almost half (48%, n=60) of the participants had been involved in primary or secondary research about mental health in the past five years. All of the participants working in Higher Education Institutes (n=12) were currently or had recently been involved in research, but only two had research focussed roles with 75% or more time spent on research. The other academics held education focussed positions.

Out of the 116 participants employed in the NHS, 45% were currently or had been involved in research in past five years. Out of all of the responses (including academics), 20% of participants said they had some work time for research but that they only had 25% of their work time specifically for research activity.

Research subjects that they had been involved in were provided by 56 of the participants and are summarised as:

- Occupational therapy interventions or occupational science – 26 participants
- Research about client specific groups – 20 participants
- Occupational therapy tools, outcome measures or models – 7 participants

Of the participants who had carried out research activity within the past five years, 97% (n=60) completed the research as a qualified occupational therapist. 55% (n=58) of participants who had been qualified for more that fifteen years had been involved in research within the last five years, compared with 32% (n=81) of those qualified for less than fifteen years.

### **Funding applications**

Only 16 (14%, n=116) participants had applied for research funding to support their mental health research. These applications were to the following sources: National Institute of Health Research (NIHR), United Kingdom Occupational Therapy Research Foundation (UKOTRF), College of Occupational Therapists Awards and from charities. Table 1 indicates the amount of funding applied for and success rates. The higher success rates were for the lower sums of money. Five of the successful applications had been to occupational therapy focussed organisations. All the successful participants had been qualified for more that fifteen years. The two participants who had received the highest amounts held PhDs, one working in Higher Education, the other in the NHS.

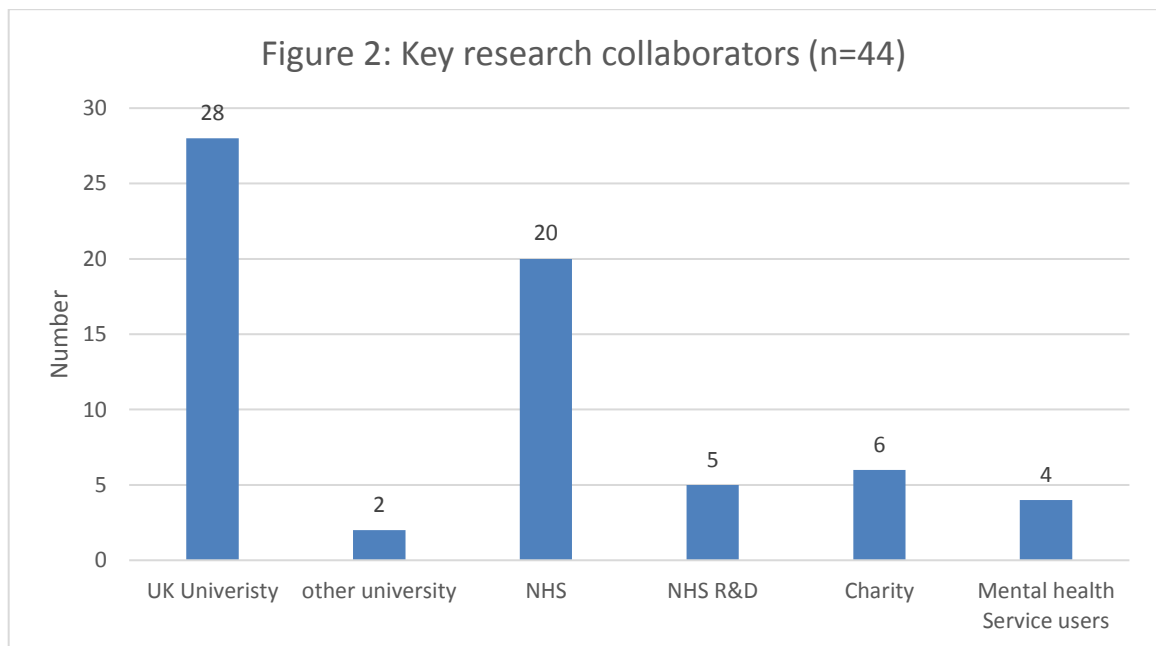
<b>Table 1: Applications for research funding and success</b>			
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>	<b>Successful outcome</b>
Up to £1000	20.0%	3	3

Up to £10 000	40.0%	6	4
Up to £100 000	20.0%	3	1
Over £100 000	20.0%	3	1
<i>answered question</i>		<b>16*</b>	
<i>skipped question</i>		<b>132</b>	

\*one participant did not indicate the value of the funding

### Key collaborators in the research

Out of the participants who had conducted research, the majority (n=44) indicated that they had key collaborators in their research projects. Most of these (n=28) reported that universities in the United Kingdom had been key collaborators (see figure 2). A total of 21 participants indicated that they had been involved in formal research partnerships with others: eight were with charities, six with universities and two with NHS Trusts.



### Dissemination of research findings

Of the participants who had been involved in research, approximately half (n=31) had delivered either poster, paper or workshop conference presentations about their mental health research in the past five years. Of these 31 participants, about three quarters of the presentations were at occupational therapy conferences. Other non-occupational therapy conferences included the UK Dementia Congress, International Early Intervention Conference, British Sociological Association conference, Institute of Psychiatry conference and the Eating Disorders International Conference. Seven participants reported that they had presented their research at local events in universities or employing organisations.

Only 21% (n=101) of participants reported that they had published mental health research in the past ten years and two thirds of these were in occupational therapy publications. These 21 participants indicated that they had been responsible for in excess of 40 publications. Approximately half of these publications were within the British Journal of Occupational Therapy. A total of 11 participants had published one article each while the other eight participants had published over 29 articles between them. Two participants had published more than 10 articles each. Five participants had articles in review. Both these participants had been qualified over 20 years. One working in the NHS, the other in higher education. All the participants with a history of successful publication had been qualified more than ten years, two working in higher education, the others within the NHS or freelance.

The majority of publications were in peer reviewed journals. The occupational therapy journals that participants had published in included:

- British Journal of Occupational Therapy
- Mental Health Occupational Therapy

- Scandinavian Journal of Occupational Therapy
- New Zealand Journal of Occupational Therapy
- Journal of Occupational Science
- American Journal of Occupational Therapy
- Occupational Therapy in Mental Health

The non-occupational therapy publications included:

- International Journal of Geriatric Psychiatry
- Dementia
- International Health and Social Care Journal
- European Eating Disorders Review
- Journal of Forensic Psychology and Psychiatry
- Psychiatrist and the Journal of Mental Health

### **Views from participants about how to promote research capacity and research partnerships**

The final part of the survey asked participants to consider how they and others could further promote research capacity and partnerships. The response rate was poor with only 65 participants being able to identify how they could contribute, and only 31 participants answered all the questions in this section about the wider contribution of other people or organisations and most of these participants had been qualified for more than 10 years. This low response rate may be as a result of the qualitative nature of the questions or indicative of a lack of confidence discussing developing research capacity and collaborations, as indicated by these participants:

*“I think that many therapists are overwhelmed by the idea of actually doing research.”*

*“de- mystify it please - there appears to be such a gap between the reality of busy practice and research which is often viewed as something separate and daunting. Staff frequently have excellent ideas re potential research topics which get halted at this stage a taking the idea and turning it into 'research' can feel too daunting”*

<b>Table 2: Development of research capacity and partnerships</b>	
<b>Individual</b>	<b>Others</b>
Support	Support staff at all levels
Time	Time
Promoting own work/dissemination	Develop links & collaborations
Leadership	Promote and facilitate skills development
Make links & collaborations	Strategic thinking
Strategic thinking	Apply for funding (internal & external)
Training & skills development	Develop Consultant OT roles
Applying for formal studies	

As can be seen in table 2, it was clearly identified that support and time are essential overarching elements for developing research capacity and partnerships. There appeared to be three aspects to this and these were identified as the themes: support, focus, and responsibility.

**Support:** Participants recognised that they had to access support as well as provide it to others, using both formal and informal mechanisms to develop links and relationships. Participants mentioned using both online and face to face methods to create these relationships:

*“provide connection opportunities - something like a 'dating site' but for people to share research interests? e.g. Researcher WLTM fellow researcher with interest in, say, cultural competency...”*

*“Networking via Twitter and other professional forums, in order to be aware of other research and researchers.”*

**Focus:** Participants were keen to establish designated research time and research specific roles and posts. They also highlighted the need for research which focused less on the personal interests of the researcher and more addressed the strategic aims of the profession and employing organisations, particularly studies of clinical and cost effectiveness.

*“Develop research from within organisations rather than from academic institutions. Focus on research that is meaningful to the organisation (and ultimately service users) rather than what people are interested in or is easy to do”*

*“Attempting to link research ideas and capacity to national requirements and convince the employing organisation to support the ideas as part of the business planning process.”*

*“My observation is the AHP research does not have the attention and investment of the medically dominated Trusts and therefore time to do*

*such work is not prioritised at either a ground floor or strategic level. I think this time will only be granted when the value of such research is made apparent to them in line with their agendas e.g. saving money, reducing risk. So this needs to be the initial focus - research that serves two purposes; investigating the value of OT while also contributing to strategic aims and objectives. We need to be clever.”*

**Responsibility:** Participants seemed aware of the duty to disseminate findings particularly through publication and conference presentation and felt they should do more here.

Participants aspired to develop better research leadership skills through the use of role modelling. They also wanted to create research culture champions and more consultant occupational therapy posts. Additionally, there was acknowledgement that individuals, as well as organisations, had a personal responsibility to access resources and lead by example. Finally, there was general recognition of the need for more research skills development particularly through formal studies such as masters and PhDs.

*“Address attitudes promote a research culture at different levels.*

*Research champions- integrate training, research and clinical participation.”*

*“Bring groups of therapists together to share research ideas and identify possible partnerships. In our workplace we had a workshop which looked at different types of publication and the idea of small work groups was broached - providing support and motivation”*



## **Discussion**

The first aim of the study was to map recent research activity among mental health occupational therapists across the UK. It is positive to note that half of participants had been involved in research in the five years previous to the survey. This finding is supported by White *et al* (2013) who interviewed occupational therapists from a range of practice areas involved in research in Wales, Scotland and Northern Ireland who indicated that they felt involvement in research activity is increasing. Although this study was not mental health specific and did not include England, it may suggest a feeling of positive expansion among those involved in research. Interestingly, a similar level of research activity was found recently by Williams and Lazzarini (2015). Although the survey was of 232 Australian podiatrists, it found 40% levels of current research involvement. This figure may provide a useful benchmark for future studies to see if levels of research activity change over time.

Also of interest is that most of the research was completed by qualified occupational therapists some of which had undertaken this in full time clinical roles. As the literature is abundant with studies showing that occupational therapists report barriers to research involvement such as lack of time, management support and resources it is heartening to note that despite these barriers, occupational therapists are finding ways to combine clinical and research activity (e.g. Bryant *et al.*, 2012; White *et al.*, 2013; Upton *et al* 2014). With ongoing demands on services occupational therapist work within, future research exploring how this is achieved would be useful.

In terms of what may influence this, Upton *et al* (2014) indicated there is conflicting evidence about whether factors such as time since graduation and level

of higher training impact on level of research involvement for occupational therapists. Single studies from other professions such as podiatry (Williams and Lazzarini, 2015) and dietetics (Howard *et al.*, 2013) indicate positive relationships between level of research involvement, working in teams as opposed to working alone, working in publically funded services rather than privately funded services and years of experience. In this study the only positive relationship that existed was between place of employment and involvement in research as all those from Higher Education Institutes reported recent research activity. Despite this, most academics had education focussed roles so faced similar limitations on time for research as clinical colleagues.

It is also encouraging to see that participants are applying for funding particularly for larger sums of money as this is required for studies with more robust findings. Support from the United Kingdom Occupational Therapy Research Foundation (UKOTRF) was highlighted by participants and its important role in expanding the evidence base and increasing research capacity has also been acknowledged in the literature (Sainty, 2013; White, 2013).

Between one third and a half of the research that participants had been involved in had been disseminated at conferences or in publications. Of interest Craik found a fourfold increase in mental health articles in the *British Journal of Occupational Therapy* between 1996 and 2010 (Craik, 2012). However, since that date competition to publish in the British journal is now greater as submissions have increased by 80% and approximately one in three articles submitted is published (Craik, 2016). Hitch *et al.*, (2014) reported similar findings within their international review of occupational therapy journals. This may explain why two thirds of the research reported in this study has not been published although the

drive to disseminate in high impact journals remains crucial (Drummond, 2016). The topic areas within the current research reflect those found by Hitch et al., (2014), with interventions and diagnosis focussed publications being more prevalent. This may explain why two thirds of the research reported in this study has not been published although the drive to disseminate in high impact journals remains crucial (Drummond, 2016). Only research published in formal journals was reported within this study, participants did not include work published in newsletter or informal formats. This may be because they do not consider this to be 'research', although it can contribute to the occupational therapy evidence base. There is no doubt that writing for formal publication is time consuming and risks rejection, particularly challenging for people who lack confidence in their research skills like many of the participants within this research. However, using social media, as suggested by some participants as a route for support, enables key research messages to enter the public domain. Indeed, the internet is full of commentary about the strengths and limitations of formal publication (e.g. Kendzior, 2014). This less formal route may be useful to support the development of research publication skills before entering the formal domain of peer-reviewed journals.

The second aim of the study was to establish participants' views about how to increase research capacity and research partnerships. Of note, most participants who answered these questions had worked for more than ten years. This may mean they were working as supervisors or in more senior positions where they could influence others and the organisational agenda. The general themes of the findings of increasing research leadership, networks, skills, dissemination and having strategic plans for research are validated by other studies. For example, Upton *et al*

(2014) suggests better support networks, research communities and mentoring would increase motivation of occupational therapy clinicians to engage in research activity. Australian studies of allied health professionals have analysed building research capacity from both the clinician and manager viewpoints. Clinicians have tended to emphasise more the need for skills training while managers have highlighted more the need for internal structures, processes and systems to facilitate research (Golenko *et al.*, 2012; Pager *et al.*, 2012).

Studies from the non-occupational therapy literature have also looked at methods to increase research capacity. Several have used formal teaching methods with reported increases in use of research methods from participants (Lothe and Bolton, 2013; Janssen *et al.*, 2013; Powell and Orme, 2011) although in most cases those delivering the training also carried out the research into its effectiveness so this may have compromised the findings. However, Holden *et al* (2012) conducted a similar study. They delivered research training to teams and then compared their skills to teams who had not received any training which still showed favourable results. Another reported method for increasing research capacity is having specific posts in NHS trusts to support clinicians to carry research out. Perry *et al* (2007) found participants who had been supported by such a post holder were generally positive about how this had improved the research culture of the organisation although similarly to some of the studies previously described, the same individual provided the service and carried out the evaluation which may have led to an unduly positive report. In addition, although not research studies, recent, detailed descriptions exist of large scale programmes to increase research capacity in health professionals from both Scotland and Australia (Rankin *et al.*, 2015; Misso *et al.*,

2016). These have similar processes of establishing research priorities and then matching academics and clinicians to carry out both small and large scale studies.

### **Limitation of the study**

Although 145 participants responded reflecting a range of views, this is a small percentage of the occupational therapists working in mental health. Although widely advertised, there was a UK focus to the questionnaire and it was only available in English. The survey was not compulsory, so does not reflect the views of those who chose not to complete it. In addition, not all participants completed all questions. As with all anonymous surveys, it is not possible to ask for clarification or follow-up questions to increase understanding of the participants' views. It is also difficult to limit the possibility of social desirability bias from the participants' self-reported answers. Future research could include focus groups to consider the topic in more depth to help develop work plans for COT and its Specialist Section – Mental Health. Finally, as both the authors have formal roles within COT and the Specialist Section; this may have influenced their analysis of these findings.

### **Conclusion**

This survey of 145 participants showed that generally half had carried out recent primary or secondary research which had mostly involved research partnerships. Approximately half of the research carried out had been disseminated at conferences and a smaller number in peer reviewed journals. Desirable methods to improve research capacity and partnerships included improving leadership for research and methods to network with others with similar aims; developing better research skills particularly through formal academic studies and increasing dissemination of studies in peer reviewed journals. With a national remit,

established networks and funding streams, COT and its Specialist Sections continue to have an important role developing research capacity and partnerships.

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## **Appendix 1 – list of survey questions**

### **Section 1 – Questions about you**

1. What country of the United Kingdom do you work/study in? (Northern Ireland, Wales, Scotland, England)
2. Are you a qualified occupational therapist or student? (Qualified occupational therapist, occupational therapy student)
3. If you are a qualified occupational therapist, how long have you been qualified for? (0-5 years, 5-10 years, 10-15 years, 15-20 years, 20 years+)
4. What type of organisation is your main employer if you are in employment? (Social services, NHS, Higher Education Institute, Charity/third sector, other – please specify)
5. What is your highest level of qualification? (Diploma, Bachelors, Bachelors with Honours, Graduate Diploma, Pre-Registration Masters, Post Registration Masters, Professional Doctorate, PhD)
6. What percentage of your role is in clinical work, education, research, management or other? (Clinical work, education, research, management, other –please specify)

### **Section 2 –Questions about your research activity**

**Please skip to Section 3 if you have not conducted any research activity.**

7. Are you currently or have you been involved in primary or secondary research about mental health in the past five years? Yes/no
8. If yes what are the topic areas covered? (free text)

9. If yes, were you a qualified occupational therapist or an occupational therapy student when you completed the research? ((Qualified occupational therapist, occupational therapy student)
10. Are you supervising any doctoral students who are conducting research in mental health? Yes/no
11. If yes, what are the topic areas covered? (free text)
12. Have you ever applied for funding for research about mental health? Yes/no
13. If yes, where did you apply to? (free text)
14. If yes, how much was it for? Up to £1000, £10 000, £100 000, over
15. If yes did you receive the funding? Yes/no
16. Who have been your key collaborators in your research? This would include the people or organisations that helped you conduct your study (free text)
17. Have you been involved in any formal research partnerships? For example with other organisations, charities or service user groups. Yes/no
18. Have you had any conference presentations (poster, paper or workshops) about your mental health research in the past five years? Yes/no
19. If yes how many and at which conferences? (free text)
20. Have you had any publications about your mental health research studies in the past 10 years? Yes/no
21. If yes how many and in which publications?

### **Section 3 -Your views about promoting research capacity and partnerships**

Previous occupational therapy research has identified barriers to research capacity such as lack of resources (including time and funding) and lack of support in the workplace. In addition to these points already described:

22. Do you have any ideas about how **you** can develop research capacity in mental health among occupational therapists locally, nationally or internationally?  
(free text)
23. Do you have any ideas about how other people/organisations can develop research capacity in mental health among occupational therapists?
24. Do you have any ideas about how **you** can develop and support research partnerships and collaboration? (free text)
25. Do you have any ideas about how other people/organisations can develop and support research partnerships and collaboration? (free text)