

# Mental Health Platform ECR Fellowship Q&A-20250304\_153039-Meeting Recording

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1h 1m 30s



**Andrew McIntosh** 0:06

So welcome everyone.

My name is Andrew McIntosh.

I'm a professor of psychiatry from Edinburgh and I direct the UK RI Mental health platform and this webinar if you're watching it is going to be about the early career Researcher Fellowship Awards.

The call that we've just announced.

So in the next hour, you'll hear from me about the mental health platform, describing what it is.

I will tell you a little about the ECR award scheme in addition to the information that's already available on our website.

And then you'll hear from our investigators, so from representatives of the hubs across the UK who are actually doing leading the research that forms the backbone of the mental health platform.

After that, you'll hear from a successful early career fellow from another scheme who will tell you a little bit about shaping the award and about the advantages of applying for a fellowship.

And then we'll have Q&A at the very end.

So there won't be any Q&A or there won't any answers as you go through. But if you look at the Q&A box, the button at the top of your screen, you can click that and you can answer question, ask questions at any stage.

During the meeting and when we get to the end, we'll come to your questions. At that point, if that's OK.

So we will.

We will be running through the presentations before that.

So I'm just going to share my screen and if somebody can and tell me it started with questions and answers, just go back.

That was a really quick run through of the slides in reverse order, but now in in, in the order in which they were intended.

So welcome again.

Can everybody see that?

Can everybody see and hear me?

Yeah, we're getting thumbs up. That's great.

So I'm going to start by telling you a little bit about the mental health platform.

But before I do that, I'm just going to also say that the webinar will be recorded.

They'll direct for questions to the Q&A function, and there's live captioning available for those who need it.

So the mental health platform is a network of investments from UKRI.

There are five challenge led research programmes throughout the UK, with hubs across countries.

So there's the coordinating centre and metabolic psychiatry in Edinburgh.

Complex emotions in Sheffield, Immunomind in Cambridge, Social Health in London, brain and Genomics in Cardiff and data mining in Swansea.

Almost all of the hubs have got presences in other areas of the United Kingdom and internationally.

There's five.

The five research programs are joined by the mental Health data science sub data.

Mind that I've mentioned, and they're collaborating sites for each hub.

And these investments are brought together with the mental health Platform

Coordinating Centre, which is based in Edinburgh and led by myself.

So what is the mental health platform?

So you see the logos of each of the sites that tell you a little bit about what, what sort of thing, what sorts of research is conducted at each location.

So it's a network of substantial public investments, but notably it's in severe mental illness.

So it's in severe depression, bipolar disorder, schizophrenia and one of our hubs studies a group of people who are sometimes given the diagnosis of borderline personality disorder. Although you may hear from the one of the hub leaders about how that term has been has proved controversial.

It's a place to openly exchange ideas and have conversations.

Supported environment. We seek to enable people to share their data and collaborate with each other, so we harmonise protocols and we harmonise data sets so that they can be put together for larger research projects in future and we seek to accelerate the impact of the research on.

Human mental health. To do that, we work with people who have lived experience of severe mental illness and other stakeholders.

So some of those stakeholders would include.

Other funders, the NHS and we also work with industry to because we know how important they are to developing the next generation of more effective therapies and applications for people with severe mental illness.

So today I'm going to talk about one of two flexible funding awards.

So the first one that we're launching is the mental health platform, early career fellowships.

That's important to be aware of the fits scheme here the idea here is that these will generate a new generation of individuals who have got research training in severe mental illness.

So the idea is to build capacity, but the 2nd and important feature of this is that we are also using these early career fellowships to help develop and link the mental health platform. The mental health platform is distributed across the UK and what we want is a fun.

System where hubs work with one another.

And collectively work on a shared question or clinical problem.

The awards themselves range in value up to 300,000 lbs and they can be of any length between one and three years.

The opening dates, I believe was Saturday, which is the first of what was the 1st of March at 9:00 AM and they will close after two months on the 30th of April 2025 at 4:00 PM and will be sending the applications out for peer review either.

That day or shortly after.

The proposed start date is from the October of 2025, so we don't anticipate anybody will be starting their fellowship before that date.

It's a challenging time frame but we think achievable.

And I want to just tell you a little bit about who can apply for these.

What are?

What are some of the must haves?

So you absolutely must have a PhD or equivalent.

So that could be an MD from the UK research degree.

And you must not have made the transition to independence.

So you must not have a permanent contract at your host institution, but you must be employed at UK research Centre or other institution in the UK. So you could be

employed in the NHS and moving to work with a hub or investigator in the mental health platform you.

Could also be a clinician.

Somebody who's is who's non clinical and you could be a lift experience in the career researcher and seeking to work with people with lift experience so long as you have the qualification criteria for entry, you could also be a current member of one of the currently funded mental.

Health platform hubs, or you could be a researcher, an institution that's not currently associated with one of the one of the hubs.

Now there will be a category and we will be adding to our website situations where people are employed at another institution in the UK or one of the participating institutions such as Cardiff University say, but are not currently part of the platform.

So we would be seeking for you to find a supervisor, a primary supervisor who's within the platform, and if they're not in the platform we expect at a minimum that they would be associate members of the platform. And there'll be more on that later.

We expect the focus of your proposal to be on severe mental illness. So, as I've said, the major psychoses, depression that's treated in hospital or that is severe and treatment resistant, and people who have a diagnosis of borderline personality disorder, all of those are certainly within SC.

You must link together at least two mental health platform hubs in your proposal.

And you must create a research plan that involves Co supervisors from at least two of the mental health platform hubs from the outset.

Your research plan must also include patient and public involvement and engagement and a plan, and you must include, you must say, how you're going to address equality, diversity and inclusion considerations in your proposal.

So fortunately, however, as somebody who's filled in many fellowship applications in the past, this application procedure is shorter than the ones that you're probably used to.

So most of them out there available at the moment, they are longer and one of the ways in which our plans are shorter is that we insist that the data is shared afterwards and we have a mechanism for doing that.

So the data sharing plan.

Data management plan again is simpler for us because we use data mined to share data amongst platform investigators and make it available for this in future.

So thank you for listening to that general instruction.

There will be more questions I'm sure in the Q&A and I will try and work my way through them. But now we're going to hear from investigators from each of the hubs in turn. And we're starting with the brain and genomics hub and Professor Neil Har. From Cardiff University.

So Neil, take it away.

**NH** Neil Harrison 10:57

Yeah. Thanks.

Thanks very much, Andrew, and thanks very much for the invite to talk today.

Yep. So my name is Neil Harris, and I'm an academic psychiatrist and I'm Co directing the brain and genomics hub with James Walters.

Next slide please, Andrew.

So this is just a schematic sort of overview about where we are based.

So this is a hub that's centred around South Wales, so Cardiff and Swansea, but also southwest England.

So we we've got.

Members of the Hub, Exeter, Bath and Bristol next slide, please.

So what is the grand vision that we have with this up then?

So So we were motivated by one big challenge and that is as negligible therapeutic innovation for the last 50 years and severe mental illness. And we felt the root cause of this was poor mechanistic understandings.

We just simply don't understand the basis of many of our most severe mental illnesses.

And this is probably a little bit stymied by our current diagnostic system.

So what we're planning on doing in the hub and we've started this as of yesterday is to couple these big unrivalled clinical cohorts that have been developed over many years at Cuba at Cardiff, looking at genotyping of people with schizophrenia and bipolar disorder and bring 600.

Of these people, back again to deeply phenotype them both with symptoms, with cognitive measures, with imaging, MEGMRI, etcetera and genetics to try and.

Identify underlying mechanistic inform strata.

So we'll be working with the Alan Turing group at Bayes for help using machine learning approaches to try and identify new mechanis.

Ms.

Agenda here, which is really to find a platform for the next generation of SMI

researchers.

Next slide please, Andrea.

So just to solidify what I've just said a little bit more clearly there. So, the grand plan will be to bring in 600 people.

So this is a very large cohort of people and it's cross diagnostic people with schizophrenia, schizoaffective disorder, bipolar disorder and bring them in for a one-day full testing, which will involve lots of imaging.

MRI.

I mean, GE cognitive testing, social and developmental aspects and also blood sampling. And then like I said, use stratification approaches-based health machine learning approaches to try and identify discrete strata and then we will look within, you know, participants within those groups to see whether we can identify.

You know, particular pathways or mechanisms that underlie those illnesses, and we're working with a range of different partners. So you can see here sail database and Swansea as a key partner, B snip in the US is another major partner. And then we're going to be working with the.

Base for health guys, for trying to stratify.

So this is just the final thing I wanted to say.

So this is the big overarching cohort that we're going to be building. But there's one second work package here and that's the one along the bottom there.

So this real world data.

So all of these, all of this data, all of our participants are going to be linked to GP Records.

So the sail database will be able to have access to GP Records and then to go back and look to see if we can identify features of education or features of newer developmental background that we can also fit into some of these models. And one of the 2nd.

Work packages we're doing is just to try and identify how best to do that. How best can we extract data from, you know, GP records in order to be able to identify people who had developmental.

Features arising during their childhood anyway, there are lots of opportunities here for people to get involved with the brain and genomics hub.

I hope I've sort of given you a flavour of some of what we're up to, but contact me or put questions in the chat if you've got specific questions.

So thank you very much.



**Andrew McIntosh** 14:54

Thanks very much, Neil.

Just to echo what Neil said there, any questions that are not addressed here today, you can send to the mental health platform e-mail and then we'll follow forward them on to people. If, if we think that they can answer your question.

So the next talk now is about the complex emotions hub.

And it's this is Professor Richard Bling from the University of Plymouth.



**Richard Byng** 15:19

Very much, yes.

So I'm deputy for the hub, professor Scott Weich.

Sheffield is the lead and I'm going to just give you a flavour of about what we're talking, what we're investigating here.

Next slide. Thanks.

In the complex emotions hub, and as Andrew mentioned, there are kind of contested issues around diagnosis, so we will be investigating a set of things and the mechanisms underlying them. Emotional ups and downs, turmoil in relationships and impulsive acts arguably are the core of what people might call.

Or people might get diagnosed with a borderline personality disorder. Also in in other specification owners, emotionally unstable personality disorder.

And increasingly complex emotional needs, and as an editorial out in the British Journal of Psychiatry critiquing that diagnosis additionally.

The point we're making looking at is that we're neutral in with respect to diagnosis, but we're really interested in this core set of symptoms, the emotional ups and down what's going on inside you, the turmoil with relationships, how you see yourself and others.

The impulsive acts that can be difficult, that might be towards self and others, and then spreading out from that thinking. How does this relate to a whole set of symptoms that could occur across range of diagnosis?

I work in a, you know, emerging personality disorder team.

We don't use the diagnosis unless people ask for it.

I see people with symptoms cutting across all the major mental health problems and neuro diversity, so we'll be looking at the relationship with those, but we'll also be looking at what's happening for individuals, their social networks and societal

challenges.

So we thinking about what's the impact of society on this set of emotions and behaviours and thought patterns as well as how does that make it?

What does that mean for treatment and support?

And also we're going to focus on individual strengths and my work in the Icebreak team in Live well seeing how individuals use their strengths over time to counter the challenges both within themselves and outside.

So next slide, we will be both looking at the literature recruiting 200 individuals and thinking about and creating a cohort over the years.

So after the baseline work where you know the recruitment is going to be tough, we're going to be reaching out into voluntary sector for criminal justice system because most people who meet the criteria for this diagnosis are not in secondary care.

We'll be doing subst. Study A which is a depth interview to understand the situation and that the way they see things we'll be doing studies with smart watch smartwatches and that will give you the momentary analysis of how emotions and thoughts and behaviours change for an.

Individual and then towards the end we'll be beginning to develop interventions based on the results of all of this next slide.

Sorry, was interrupted, lost. Lost something.

There we.

In we're working across many institutions as well as two main providers within Sheffield and Plymouth.

We've got fantastic group of researchers. Three of the key ones are named there, and if you've got questions, then do contact us and you can follow us.

Where we work with MC Pinn, who lead our lived experience work and the opportunities for individuals joining fellowships to work with us and another one or more other hub.

Our multiple where we have the possibilities of looking.

Both at these really interesting interactions with society, thinking about new interventions and understanding the connections within the individuals for their symptom clusters and their relationships. But importantly with people. Thanks very much.





Thanks very much, Richard.

We'll pass on to our next hub now the data, mind Hub that provides the data infrastructure for the mental health platform and doctor Marcos del Pozo Banos will give a presentation.

**M** **Marcos Del Pozo Banos** 20:20

Thank you, Andrew.

So yeah, I'll be talking to you about data mining, which is U KS mental health Data hub, funded by the MRC. And our mission is just to make mental health data more accessible, interconnected and impactful for researchers, industry and healthcare.

Next slide please, Andrew.

So thank you, data.

Mine was established in 2021 and is Co led by professors and John from France University and Rob Stewart from King's College London, and we have collaborations spanning all four UK nations.

We're actually quite a large team.

And what sets us apart is our commitment to support every aspect of mental health data science from collecting.

Discovering, integrating and analysing data to even training research years and engaging with the public.

So what does this mean?

So data mine has five core activities, public participate, some partnership and governance.

This is a very central core activity and our super research advisory group, as they call themselves, doesn't just advise. They actually publish, apply for funding and Co produce research.

They are very active, very productive group detail, enhanced trials.

And here we improve clinical trial recruitment and equity through technological innovations.

Based as you can imagine on data on routinely collected data, workforce capacity, training and development.

Here we are constantly creating training material and opportunities, not just for researchers, but also for the public and large.

And we actually hope to have some exciting new opportunities coming up. So stay tuned as they say.

Then we have business development and sustainability actually led by Professor Andrew McIntosh. And this is all about building partnerships with industry and other organizations to support data mine into the future and create a lasting impact.

And then finally, we have the fair curated data, which is the work stream that I call it where we ensure the mental health datasets are, you know, findable, accessible, interoperable and reducible.

So the gold standard of sharing data.

We have 4 cross cutting themes to basically showcase what these core activities. One of these being super mental illnesses of course.

And we also have key partnerships including with the mental health platforms of which we are one of the hubs and then support the other five hubs in all things data.

As I usually say, for example, hosting the day or data.

Next slide please.

So if your research involves mental health data, here is how data mine can support you.

So you can maybe publish your code in our GitHub for increased visibility within the field and also to gain access to some exclusive functionality that is only available for organization accounts in GitHub. You can store your data in award secure trusted research environment and benefiting from.

An established and renowned technology.

Which is certified security.

You can collect sensitive data directly into the secure trusted research environment.

You can.

We can help you with data quality control, cleaning and pre-processing of this data, not just your data, but maybe other data that is in the theory and that you may want to access because you can also.

Link data from different data sources at person level, including to routinely collected data sets such as NHS Records.

So for example, primary care.

And you can also benefit from seamlessly sharing your data if you choose to share your data and when and how you choose to do so. So you can either have absolute control of this, or you have the option of just delegating all that work.

To us.

You can also access our mental health phenotypes for coded data.

So based on ICT 10s recodes, snow Med, CT or based on clinical notes using large

language models or perhaps also more interestingly is we can help you in developing new phenotypes.

You can also access harmonization tools like Redcap templates for collecting data, or you can use tools like Harmony if you're using data that already exists.

Then you can use our standardised governance protocols and metadata templates. For seamless platform, their data sharing and discovery.

So basically we take care of the paperwork. If you want to put it that way, and then also you can use our web-based catalogue of UK mental health data to find all the data you need for your research.

Next is light please.

So basically just to wrap up, if your project involves data in any way, shape or form probably does.

Data mining can help you and just to remind you that we're not here just to support your research, but we're here to amplify and accelerate your research.

With all the support that I have listed before, so please do get in touch.

Yeah, looking forward to it. Thank you.



**Andrew McIntosh** 26:27

Thanks Marcus.

We'll move on to the next talk now, which is from the metabolic psychiatry hub, which is led by Danny Smith and presented today by Arish.

Over to you.



**Arish Mudra Rakshasa-Loots** 26:43

Thanks Andrew.

Yeah. So hi, everyone.

Happy to go to the next slide.

I'm just going to quickly introduce the hub for metabolic psychiatry, which as Andrew said is led by Professor Daniel Smith here at the University of Edinburgh.

This Is Us at the launch event for the Hub last September and so the hub for mass public psychiatry comprises of researchers from a range of different universities.

Across the UK, as well as Mc Pin Foundation, who's who're also supporting some of the other research hubs within the mental health platform and the key goal for the hub for metabolic psychiatry is to investigate why the relationship between metabolic dysfunction and mental health outcomes, especially in people.

With severe mental illnesses.

So the motivation for this work is essentially because people have observed for a long time that physical health comorbidities tend to be higher in people with severe mental health issues.

And we're also now starting to see an increase in interventional studies.

We're showing some promising outcomes for metabolic interventions and helping to improve mental health outcomes, and that's really where the work of the hub for metabolic psychiatry is coming from.

Next slide please.

So I'll just briefly talk through the kind of different work streams within the hub for metabolic psychiatry.

So we've got 4 experimental work streams and two cross cutting work streams for the experimental work streams. We've got genomics and causal inference where essentially we're using genomics and causal inference to explore the mechanisms that might be linking metabolic dysfunction and severe mental illness. And it also has.

A strong trans ancestry focus within this work stream.

Work stream two focuses on health informatics and data science, where we're using large scale health data to identify trajectories of physical and mental health comorbidities as they develop over time.

Work stream three is the primary data collection workstream in the Hub which is focused on metabolic biomarkers of clinical outcomes in people with severe mental illness. So we're hoping to identify metabolic biomarkers that predict clinical outcomes in young people with schizophrenia, bipolar disorder, and severe depression we're using.

Lots of highly innovative approaches to data collection, including passive and ambient data collection tools.

Which I'm happy to discuss in more detail if anyone has questions in Work stream four. We're working with the MC Pinn Foundation and the James Lind Alliance to identify research priorities for the community within this area and then to Co-produce and pilot tests.

New interventions for mental health outcomes that are metabolic therapies.

So we're hoping to run up to pilot testing of up to five new interventions as pilot studies within this workstream, which will then lead on to recommendations for randomized clinical trials.

The two cross cutting work streams are focused on data analysis, which is work stream 5 and it's essential for the for the collection and management of the data that we're collecting, as well as integrating AI and machine learning approaches so that we have the best leading edge \*\*\*\*.

Available for this this intensive data that we're collecting from people with severe mental illness and work. Stream 6 is a vital resource for lived experience input and Co production, which feeds into all of the different work streams with lived experience advisory panel comprising of people living with SE.

Mental illnesses and experience of metabolic dysfunction.

Thanks. I think that's me.



**Andrew McIntosh** 30:23

Super. Thanks very much. Cherish.

We'll move on to the next presentation now. So the next presentation is from the social health hub and the lead on this is Jennifer Lau, but presented today by Livia Carvalho to over to you, Livia.



**Livia Carvalho** 30:40

Thank you, Andrew. Next slide please.

So the total health hub is based at Queen Mary, University of London and led by Professor Jennifer Lau.

As Andrew mentioned, I'm Livia Carvalho.

I'm a senior lecturer in your psychopharmacology and Co deputy and biomarker leader.

Division of the Social Health hub is to use the power of cross disciplinary collaborations to create sustainable change in how we target social determinants and optimize social resources to achieve a better life quality for all.

UK people living with or at risk of serious mental illness.

We know that this SMI are influenced by biological and psychological, but also social factors.

However, we don't exactly know how the environment contributes to the maintenance and progression of disease, and even how it contributes to effective treatment.

This hub focuses on social health and the brothers.

Systems that shape everyday life.

Social health is the condition of our lives, our social lives and experiences. Social health refers to social interactions, the relationship, the networks, but also the social contexts that we live in. And these can be such as individual levels, such as our lifestyle factors and whether where we work.

Or where we live, whether we had childhood maltreatment when we were young. However, it also comprises of the general community that we live in, where our neighbourhoods and the social, cultural and political levels.

And whether these community and bring feelings of cohesion, trust and belongingness, whether these resources and policies to support our health and our hub, where we studied all these factors, their nature, their role in how and why they shape disease trajectories, we are also investigating the biology by.

Which such stressful or resilient environmental factors impact health. Next slide please.

The approach of the social health hub is a theory based cross disciplinary participatory data gathering. Efforts to develop a working conceptual model of social factors and social interventions. So, to do this, our researchers will provide clinical demographical and biological data about the individual and their social environment. This.

Help will conduct this work.

With three complementary work streams, the 1st 2:00 work streams will look at which structural and interpersonal determinant influence and temporally predict symptoms. Life satisfaction trajectories our work stream. One will use machine learning analysis in secondary data to link clinical outcomes with structured determinants from geographic databases.

The second work stream will involve new data collection of 600 individuals to learn very much in depth, which in how social determinants are associated with individuals, poor mental health trajectories in the biological embedding of social diversity or resilience.

In the third work stream, our aim is to try out and pilot test social prescribing and social action environments to create a guideline for.

Next slide please.

With this work, we aim to generate impact in partnership with the Community and lived experience groups transform, care and policies for people with or at risk of severe mental illness.

We generate impact by developing policy relevant.

And guide research efforts.

Building evidence adopted by policymakers, commissioners, and other communities hopefully in the future.

And that would then lead to a better and more stable equitable care.

We reach our goals by working with a geographically diverse and truly national capacity where professional practice and personal experiences do matter, with a strong and diverse leadership, with while developing tomorrow's researchers and practitioners, we work with a meaningful and positive involvement and engagement of multiple stakeholders.

By encouraging the use of resources in people's social networks in communities, the impact on people's well-being should be long lasting and cost effective to create innovative social interventions.

So we are looking forward to hearing from you.



**Andrew McIntosh** 35:49

Thank you, Olivia.

Thanks and thanks to all the presenters today.

We've already got a large number of questions actually, so we'll come to those in a minute. But now for something completely different.

So Alex Kwong is welcome trust senior research fellow at the University of Edinburgh, and he's going to tell us a little bit about why you might apply for a fellowship and some tips for success. So over to you, Alex.



**Alex Kwong** 36:15

Thanks, Andrew, and thanks for the invitation to present this today.

So next slide please.

So I'm Alex. And so just to give you a very quick background about me.

So I started my postdoc in September 2019.

Immediately after that I started working on a ESRC postdoctoral fellowship, which I was successful in getting.

That was only a small amount of money, so only for one year, and that led me to having a year of my own research tying up loose ends from a PhD.

In 2022, I then applied for a welcome mental health data prize.

We were successful in two rounds of that which brought funding for a year and a half. Again, not particularly huge amounts of money, but then together those two

allowed me to then kind of platform for applying and successfully getting a welcome early career award.

So it's these little tiny pots of money that slowly build up a nice portfolio of research. And of course, if you want to be successful in academia, you have to have these.

These evidence of successful awards and all of this has then led me to securing A10. Track position at Edinburgh so.

Wanting to build all these research portfolio, wanting to get some of this research grandstand has led to a more potentially more secure position at the end, which I think is what a lot of academics a lot of early career academics try for.

Can we go to the next slide?

So why might you apply for these kind of fellowships?

So really, if you're an early career researcher, you're probably working as a postdoc on someone else's grant.

And it's quite nice to have that time and that space and that energy to apply to your own kind of research. You might be working in something with your  $\pi$  or your line manager.

But maybe you have slightly different interests.

You might be wanting to carve out a new area of research.

This is what this this was what?

A research group fellowship might allow you to do transition that into some bit of independence.

And so it also gives you this leadership and management skills. So it gives you a new way of trying to do research by sort of taking charge of your own research, what's been really handy for me is that ability to learn more about leadership and management skills that.

Are you wouldn't really tend to pick that?

Pick that up as much experience and as much in his way when you're doing, when you're working as a, as a as a post doc. And of course, if you want to be successful in academia, you have to have that evidence.

A lot of these promotion panels want you to show evidence towards getting larger grants generating income, and that will lead to later in the academic permanency and things like that.

One of the really cool things which I've really liked about working on my fellowship has been working with new collaborators developing a greater network of people to work with.



It's really good for generating exposure to new people, new ideas, working with data that I'd not thought of working on methods that I hadn't been aware of before. All of that coming together from fellowships.

So yes, opening new doors for opportunities.

So an example is that through my fellowship, I've been able to take the lead in generating new data in existing cohort studies.

That's allowed me to sort of take on responsibility for what kind of data is assessed and what and how to drive that forward.

And some of these existing studies. So I find that to be quite.

A useful approach and a useful part of my fellowship as well.

And on to the final slides.

And so, yeah, just some tips about applying for some of these larger fellowships.

So I think the main thing for me was don't be afraid of failure.

It's a perfectly natural part of academic of academic of experiences, failure and paperless missions. Failure and getting papers rejected or grant applications.

But you can't be.

You can't let that stop you, and applying for fellowships. I think what the fellowships really want, and it's been really careful when you're writing your application, is that you need to highlight leadership potential.

So you need to show evidence of why they should be picking you.

What makes you stand out as a candidate and how your previous experiences feed into some of these?

Into your application, of course.

Scientific excellence as well.

So you're going to have to have a really good idea and making sure that that idea shines through nice and simple approach to the in the application. What you don't want reviewers to do is be bogged down in the detail and then thinking I really don't understand.

This they'll just lose.

They'll lose interest in the application, So what?

You really want to do is make sure that.

Your proposal is shining through and it's a nice simple way for people to understand and of course really important is that there is a fit to the scheme as well, so making sure that is this the right scheme for me. If I put all my energy into apply.

For this is it actually look like there could be a trade-off between that time and that

energy applying for that and the success as well.

So making sure that you that you're filling in the scheme and to be able to do that, you can actually engage with the funders. So the mental health platform, people are quite open to receiving questions about making sure they direct you in the right places as well really.

Important to ask for help on applications, so I would not have been successful in my early career award had I not had really good help and guidance from colleagues. Getting people to review applications, talking to people that you work and saying I think I had this idea, this.

Is what I want to do, getting feedback from them to see if that's the appropriate thing and getting appropriate feedback as well.

Fingers crossed you apply. You get to an interview. The most important thing. And I absolutely hate Mark's.

I find them really, really intimidating and even worse than the real thing.

But Mark's super important because they just help you refine what is good and what is what isn't good about your proposal, what can be improved and how you can actually address these ideas and relay them to people who are not within your field. Because the people who will be reviewing your applications might not have the same experience or expertise that some of your colleagues have really important to get that they get that across. And I guess the final thing is good luck. There is an element of luck in all of.

This.

But hopefully the luck is on your side and good luck with your applications.



**Andrew McIntosh** 41:48

Thank you very much, Alex.

That's really, really helpful.

We're now at the end of all the presentations and so it's now time for questions and answers.

So just to remind you that you put it in the Q&A box and we will, we will come to as many of your questions as we possibly can. I think last time I looked a few minutes ago, we had about 14 or 15 questions already.

So we will do our best to group them and to answer questions that address several people's points.

So I'm going to start off with.

The question about what?

What is severe mental illness?

And this is a.

This is a tricky 1.

It's not entirely straightforward.

I can tell you that schizophrenia and bipolar disorder are definitely counted as severe mental illnesses and that severe forms of depression would be if they're treated in hospital and or are treatment resistant.

We also include borderline personality disorder here too, because.

Those people often present to hospitals and they're, you know, there's a large unmet clinical need.

I think it might be easier for me to say what isn't severe mental illness.

So a survey of depressive symptoms in a population wouldn't be severe mental illness.

I mean, there would be some people in that study that probably did have, but because it's not specifically a study of something which is severe, I think we wouldn't include that.

The same for anxiety.

Common anxiety symptoms of population wouldn't constitute severe mental illness.

And then I think there's a bit of a grey area in between and we're going to try and clarify this as much as we can on our web page and hopefully, Sophie, you can drop in the page that addresses what is severe mental illness in the in the.

Chat.

But it's. But it's not common mental disorders, common mental conditions that exist in populations.

It's things that pose real challenges to the health service and there is there is significant unmet need in the in the, in the population of people affected.

So we'll clarify that as much as we can, but there is there's no unified diagnosis, there's no unified definition.

Sorry. So if you look on the web page and get in touch with us, if you're not clear then I hope that will be helpful.

OK, I'm gonna. I'm gonna go on with the other questions, if I may. And I'm going to direct them at specific individuals.

So the next question, so this is a question specifically for Olivia.

So it's continually definition of social isolation, our social isolation and loneliness

considered part of severe mental illness, for the social health hub.

So I just wondered if you'd maybe just talk briefly about the relationship between severe mental illness and those measures.

 **Livia Carvalho** 44:39

So yes, loneliness is 1 component of severe mental illness that may also come from exclusion.

We are looking into loneliness in our group and therefore we will welcome your contact so that we can discuss more.

 **Andrew McIntosh** 44:59

Great. Thank you.

There are a number of questions about current employment situation.

So I've got a question in front of me here and it's does a permanent contracts depending on funding qualify so.

My experience, I guess that that permanent contracts, depending on funding, aren't yet a permanent contract.

They'll only become a permanent contract at the point at which you get a successful funding decision.

So let me just say in general that if you've got, if you've evidence of leading a programme before leading a large grant operating independently as its principal investigator, or if you have, if there's evidence that you have a permanent contract from an institution.

Then those things I think will be indicative that you're that you're that you're not yet a permanent investigator, you're not.

You've not yet got tenure.

So I hope that helps.

I hope that covers a number of the questions in the chat there. I think it's, you know, I think most situations it's going to be very clear for people if you have a fixed term contract and you've not yet got your first permanent position, you've not yet L. Your first major grant.

Then you are eligible for this scheme and that I think is going to cover almost everybody's situation on this call I expect.

So let me just have a have a look. Have a look down the list.

Supervisor selection do we cost this in our budget?

I'm not.

I'm not aware that supervisor selection would be would be an eligible cost. I can't think of of what cost that would incur.

So I think the answer is no.

I think we will help you if you would like to get in contact and you would like to be if you like.

If you'd like to be made a match with one of the investigators or with two or more of the investigators and labs, we can help with that with that.

OK.

I had a question.

For Marcos.

Here, let me just see if I can find it again.

OK, here we go.

So do the hubs also support building mobile apps?

So what?

What help can data mined provide to help build mobile apps?

 **Marcos Del Pozo Banos** 47:29

The honest answer is that I have never been asked that questions.

I think if the app is intended for data collection, I think we can. There is definitely expertise in the team in the whole the greater data mining team. So at the very least we will be able to put you in contact with people with the expertise at the.

Very least.

But as I said, if it's related with data collection, I would imagine my guess is that the answer is yes.

 **Andrew McIntosh** 48:03

Super. Thanks.

Thanks very much.

Hopefully that answers the question.

I'm just coming down to do you currently have to be based at the same institution as your intended lead hub π?

The answer to that's no. You can be based at any UK institution.

You don't have to be based at the same institution as your proposed lead at the moment, but you would.

You will have to have a fellowship application where you have.

Apia primary supervisor and a secondary supervisor.

Two of the hubs at the very least.

Now it is possible to have a hub supervisor who's not currently in the hubs, but they will have to join as an associate member, accept the principles of the platform and its values and data sharing policy before they can be included.

But there will be time to do that if you have hub supervisor who's not currently in the hubs not currently at one of their institutions, then we'll be in touch about that and more information will be provided through our social media channels and on our website shortly.

OK.

Next question is for Arish.

So is the metabolic psychiatry hub open to research projects, seating, seeking to alter metabolic biomarkers, or just collect data to figure out what the markets are?



**Arish Mudra Rakshasa-Loots** 49:24

So Yep, short answer is yes, we are doing some of that work in Workstream 4 which is looking at interventional studies, not just observational studies, to figure out what the markers are.

But yeah, just get in touch with us via the mental health platform and we'd be happy to have a chat.



**Andrew McIntosh** 49:42

Excellent. That's that. That's great.

I don't know if you've already done this, Sophie, but I think another useful thing for people to do is to post the link to the website and to the funding page. If you've not already done so. I can't see it from my screen, so it may.

Be that it's there already.

OK. Just going down some of the questions.

So somebody has asked, is somebody who's fiver is before the end of April 2025 eligible?

And.

I think at the point of we said that the point of application you should have your, your, your PhD or MD to be eligible to apply, so I think.

I think if you had a decision in principle that you would technically be eligible before

the end of April. If you've got, if you've got an award letter, even though the degree hasn't been confirmed yet. But I think that that's going to leave you both studying for your.

PhD Viva doing your corrections and applying for a fellowship at the same time.

And I think that's going to be really challenging to do all three of those things.

Very well, we don't.

We wouldn't say no, but I would just point out that there will be, at least at least one more round of these fellowships.

So it might be that you're better waiting and seeing until a later date when you can.

We can, when you can spend a bit more time making adequate preparations.

Excuse me.

So we've got just a few more minutes left.

So are we required to find mentors and should they also be budgeted for?

So I am aware of several other schemes in the UK that offer fellowships and they and they suggest mentoring opportunities, and I guess mentoring opportunities could in theory be costed because it might be that you have to have travel to go and meet mentors.

I think it's a good idea to include a mentor.

I can't remember off the top of my head what exactly our requirements are in terms of the application form itself, but I think whether or not it's a requirement, I think having a mentor is an extremely good idea and I've benefited from that myself.

I think it's a very valuable thing to do, so I wouldn't discourage you from it. And I guess in theory costs are.

Cost it could.

There could be costs associated with that.

So the next question is, do proposals have to fit on fit under pre-existing hub work streams or just to be aligned with the hub generally?

So I'm going to.

I'm going to put that out to the hub speakers again, so I'm going to go to Richard and to I think maybe Livia again, if that's all right.

So do would you?

**RB** Richard Byng 52:49

Yes, thanks Andrew.

Sorry, my camera's stopped working.

I.

I think this is a tricky one. I think it aligned is fine but it does need to use the expertise of the hub and I think if it used no data or none of the analysis that would be you know getting a little.

Bit on the edge of what's what we would want.



**Andrew McIntosh** 53:20

And Livia, do you want to? I don't think.



**Livia Carvalho** 53:22

Yeah. No, I would agree. And I would say that, but using our hub to then.

Maybe add a research question that it's aligned to our to what we are doing or maybe creating a new field that would align two or more hopes.

That's exactly what we would be then looking for.



**Andrew McIntosh** 53:44

Excellent, good.

So I hope that answers your questions.

So I think there will be maybe slight subtly different answers depending on which hub you're seeking to work with.

So I think that that others might be more open to things that they're a bit more outside of their existing work packages.

So I think that this stresses the importance of getting in touch with us and we can put you in touch with the with the hub leads or you can get in touch with them individually and directly.

There's no need to come. No need to come through the coordinating centre if you know who it is you want to speak to, please do drop them a message. So.

There's a there's a couple of questions here.

There. I'm going to probably fudge the answer slightly because there'll be things I think we'll have to think about a bit more, but one of the things, one of the questions was I'm currently based in Swansea and unable to move our hubs open to working remotely for.

Example one hub in London and another in Edinburgh.

But you'll be based in Swansea.

Well, I think Swansea's a good example of a hub that's involved in almost everything.



So Swansea is involved in every aspect of the mental health platform.

So I think if you're based in Swansea and can't move, fortunately I think data mining are very closely involved with all of the data activities that are present in the platform.

I don't think we exclude it because in my group in Edinburgh we have people that are working remotely from Bristol and from London already. I don't think it's. I don't think we would say that that wasn't acceptable, but I think you have to think through carefully the IMP.

Of that you have to be able to get adequate supervision and mentoring and support from the people that you work with. And if you're based in another part of the country, away from the primary or lead supervisor on your fellowship, I think you can expect to perhaps have.

To make the case into you about how you're going to manage that.

So it's just something to think about if you're based already in Swansea at the location of one of the of the mental health data hub then.

I think it would make sense, I think in the first instance to perhaps speak to them, yeah.

So looking for.

A. Is it possible for your intendedly institution to be a collaborator with one of the platform hubs?

I think I think we've already, we've already answered that, but it enables me to kind of address one of the other questions about this.

So your primary or lead supervisor doesn't have to be a hub lead.

Your hubs are so Sheffield collaborates with other centres. You've heard from one of the other, the investigators, Richard Bing, who's based in Plymouth.

And if you look across the mental health platform, there are a large number of institutions involved, and they're not always the one that you see at the top of the, you know, of the reply from the from the principal lead.

So it's investigators that are based at any one of those institutions, there will be other investigators or Co investigators in most cases or employed staff, perhaps rarely if they're not employed by the mental health platform or have any of the research funded by the mental health plat.

Then again, we're looking at that they would apply for associate leadership, associate membership of the mental health platform in that case so that we can be sure that they sign up to the values and data sharing requirements of the platform. But we will

do that quickly and in.

The same time course as the as you will be applying OK.

OK.

So we'll we may finish on this question.

So why do you need to have two supervisors from the two hubs? And if you get selected, where would you need to be physically located and get support with infrastructure, computer, etcetera.

So I think we've probably answered the second part of that question, that question, but just to be clear on the second part.

You should be based at the institution, whether or not you're physically present in the town or not. It has been a separate issue discussed already discussed already based with your lead supervisor, who will be at the very least an associate member or.

An investigator or Co investigator within the mental health platform and the reason that we that we that has to be the case that you have to be there at the same as institution is your lead supervisor is because that is how you are going to get support.

To make sure that you have office space that you have computer that you have Internet connection and Wi-Fi and all the things you need to make to make this work.

Why do you need to have two supervisors?

Well, the reason for that is that it was right was right at the very beginning.

So when we talked about the funds that were provided by ukri, there are capacity building funds for the mental health platform and that to fit scheme, you have to be somebody who is a potential research leader of the future that you are working in mental health and you.

Building capacity for the study of severe mental illness in future.

And the second part of the fits scheme is that you must link the different parts of the mental health platform.

And the reason that we're doing this is because we think this is an exciting and new paradigm for research that's linking together the organisations in collaboration, not in competition with each other.

And it's and if you like. It's a new paradigm, a new way of thinking about doing mental health research in future. So we've got.

Big ambitions for how we harmonise and share data and make it available and to be

develop impact from that, and to do that, I think you need to link across more than one centre and you need to bring people together.

So you will be as well as having a fellowship, also part of the glue that will help bring together parts of the platform more closely in future.

Now, I'm sorry we haven't been able to answer all of the questions and I'm now going slightly over time, but if you've got questions, we've if you have questions that are unanswered and they haven't, they're not available on our website and they're not available and they're not already.

Been answered.

We will do our best to answer them.

On the website in the coming days, you can also e-mail us.

I think it's MHP at ed.ac.uk. So we will tell me if I'm wrong.

Oh, she's put it.

She's just put that in the chat.

I see.

So you'll be able to e-mail that with any questions that you have, and it's not possible, unfortunately, to address every single question here.

But we will do our very best to answer any questions you have in the forthcoming days.

But please reach out to us if you're thinking about developing a fellowship. It may be that having spoken to a, she'll decide to go for a later round, or for this one.

But do you get in touch?

We are open to be in contacted and to having.

A2 way dialogue with potential applicants, so thank you very much to all of the speakers who presented here and to the organisers and the translational neuroscience students who helped us put this webinar together. It will be available on YouTube and advertised through our social media channels after.

And thank you once again for your interest and for coming along today.

Good luck and cheerio. Bye.

 **Livia Carvalho** 1:01:23

Thank you.