

# Discovering the role of public co-applicant

Rosie Davies, University of the West of England, Bristol email: [Rosemary3.Davies@uwe.ac.uk](mailto:Rosemary3.Davies@uwe.ac.uk)

More public co-applicants being appointed but no shared understanding of the role

BACKGROUND	
<p><b>NIHR Programme grant</b></p> <ul style="list-style-type: none"> <li>• Second five-year programme with focus on suicide prevention (2012-18)</li> <li>• Three centres - Bristol, Oxford and Manchester</li> <li>• Main areas: a) the adverse impact of the economic crisis on suicide; b) improving the care of people who self-harm; and c) identifying and reducing access to high-lethality methods of suicide</li> </ul>	<p><b>Public involvement</b></p> <ul style="list-style-type: none"> <li>• Individual service users involved 2006-12 in specific studies</li> <li>• Second programme included service user co-applicant and a team of service user advisors</li> <li>• Co-applicant personal background of bi-polar disorder including clinical depression and prior mental health involvement</li> </ul>
ROLE	REFLECTIONS
<p>The role I have developed has included:</p> <ul style="list-style-type: none"> <li>• To develop and support involvement across studies and universities</li> <li>• To provide advice, guidance and encouragement to researchers and public contributors</li> <li>• Some liaison and co-ordination across centres, research cycles and time</li> <li>• Recruitment and support of public contributors in Bristol, and advising other centres on these issues</li> <li>• Co-ordination of reporting and reflection for programme meetings and NIHR reports</li> <li>• Helping to identify involvement tasks and methods across research cycle – recently on dissemination</li> <li>• Membership of study Steering Groups</li> <li>• Facilitate sharing of involvement capacity e.g. enabling remote public contributions on health economics issues in Manchester</li> <li>• Role has not included supporting and facilitating involvement in studies – this was provided by researchers but not directly specified in their roles.</li> </ul> <p><i>Resources for the role have included ongoing payment and support from Professor David Gunnell, Principal Investigator in Bristol and Dr Maria Barnes.</i></p>	<ul style="list-style-type: none"> <li>• Potentially helpful to clarify the difference between a public co-applicant role and involvement lead role <i>Some public co-applicants may do both, in other situations it may be best to have two roles with clearer differentiation of work.</i></li> <li>• In a future programme I would like to see clearer allocation of researcher time to involvement and more focus on stakeholder involvement <i>Capacity for involvement work continues to be a challenge when people have a range of roles.</i></li> <li>• I have felt responsible for involvement – both successes and limitations. <i>It has been hard to judge what is enough when there is always potential to do more. My work has been appreciated and supported but my time and capacity are limited.</i></li> <li>• How much influence do I have and how do I use my influence most effectively? <i>It would help me to have links with others doing this role and support to develop leadership skills.</i></li> <li>• I have been pleased to develop more links across centres, and this has taken time to get going with scope for more collaboration. <i>It has taken time to build relationships and links.</i></li> </ul>
OUTCOMES OF ROLE	LEARNING
<ul style="list-style-type: none"> <li>• More involvement in overall programme meetings and in planning for third bid.</li> <li>• Improved co-ordination and reporting</li> <li>• Stronger involvement in Bristol with ongoing public contributors with relevant experience</li> <li>• Input by co-applicant and others in Bristol on Manchester based studies</li> <li>• Co-applicant is co-author on papers in Bristol.</li> </ul>	<ul style="list-style-type: none"> <li>• Agreed involvement is inappropriate in work on suicide methods and relative lethality</li> <li>• Limited experience of self-harm of co-applicant enabled broader involvement across programme.</li> <li>• Ways of working with vulnerable public contributors who cannot contribute consistently. This includes agreeing contact with other family members and how contacts are managed.</li> </ul>

This work was funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research scheme (RP-PG-0610-10026). The views expressed in this poster are those of the author and not necessarily those of the NHS, the NIHR, or the Department of Health.

