

Impact 30 seminar

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Communicating your research (for) impact



What is impact?

- What has changed as a result of your work?
- Think about:
 - What could change?
 - What do you want to change?
- The pathway.
- How do we know it is as a result of your work?
- Better to plan this, but it can happen spontaneously.
- Set out with the end point in mind.
- Needs to be based on 2* and above research (not a customer survey).

Plan of talk

- Impact, and the role of media work and communication in generating impact.
- My experiences in dealing with the media.
- How did media work contribute to my impact case studies?

Media work \neq impact

- In fact, it can harm our impact.
- Work out who you need to influence and what media they engage with.
- The public?
- Radio, TV, twitter, facebook, Instagram, newspapers, websites (Brainstorm), blogs, Slugger O'Toole, online media.
- What is the endpoint and how will you measure that?
- Measuring attitudinal change.

Dealing with the media....

- Many 8am interviews cancelled at the last minute.
- An ill advised tweet about a 5-live interview that never happened.
- A radio interview with a babbling baby who should've been asleep.
- A 4 hour round trip to Belfast to meet a high profile journalist who “might” be interested in running a documentary.
- An hour's phone call at 9pm at night (from my bed whilst ill). Followed by an hour long photo shoot and interview. For less than a minute of coverage on a New York Times video.
- An hour with a journalism student, who I thought was an actual journalist, who gave me the wrong directions....
- A throwaway remark on twitter that led to an embarrassing spat with possibly NI's highest profile radio presenter.
- A comment in a radio interview that really upset someone who was key to my impact case study.
- A 4 hour round trip in the late evening for a TV show, which ended up not running the story.

Twitter

- Be clear in your bio about who you are and what you tweet about.
- Choose a clear photo.
- No more than 3 tweets a day, mostly others' work.
- Never buy followers.
- Media and photos. Tag key people (beware: can be irritating).
- Use hashtags.
- Libel laws.
- Provide links to articles.
- Engage with people who reply.

Networking

- Learn how to network.
- Work out **who** you need to influence, based on your impact case study's end goal.
- Social media can help.
- Is it worth it?
- PURE, VV Impact Tracker, researchgate, academia.edu.
- Add blogs, bio, research etc.
- Can help to have your stuff in the same place.

Impact Case Study

- **Shaping the development of psychological services to people affected by the conflict in Northern Ireland known as the Troubles.**
- The research evidence from the NISHS has led to the development of the Victims and Survivors Service in NI.
- The research shaped the remit of the service, to include treatments for psychological injuries resulting from the Troubles, and influenced the delivery of wellbeing, resilience services and psychological treatments.
- As a result over 18,000 people received needs assessments and 2703 people received therapies to treat trauma related mental illness resulting from their exposure to the Troubles.
- The research also led to the establishment of a regional trauma network to deliver services to those affected by PTSD and other trauma related mental illnesses resulting from the Troubles.

How did we do it?

- The NISHS highlighted the high rates of mental illness in NI, and the role of exposure to conflict related trauma in increasing the risk of mental illness.
- Goal: to ensure that mental health services in the region were in a position to provide treatments to those with mental illness in NI, and to ensure that the services were equipped to provide evidence-based treatments for trauma related mental illness specifically.
- Reports prepared **in partnership with the NI Centre for Trauma and Transformation**, were launched in Stormont and other public places, and publicised in to audiences which included representatives from the statutory and voluntary sector, policy makers and elected representatives.
- We set out to influence the groups who were established to meet the needs of people affected by violence, and the structures that were to be set in place as a result of the peace agreements.
- Knowledge transfer project (R&D) to disseminate the findings to community groups who treated people with conflict related trauma.

What happened?

1. Victims' Services

- Troubled Consequences report (based on the data) → **Comprehensive Needs Assessment** which recommended a victims service including psychological therapies.
- The Victims' service was established in 2013.
- The annual report for the Victims and Survivors Service from 2016-2017 (S5) states that the service received over £24,997,298 in funding since its establishment in 2013 and saw 18,055 people.
- They employ 23 Advocacy Support workers, five Case Managers and 25 Health and Wellbeing (HWB) Case Workers to **identify and address victims' needs**.
- Psychological therapies were a specific recommendation of the Ulster reports and papers.
- Information relating to 1,378 clients (out of 2,703 who accessed a talking therapy) was available and results indicate that overall 59% of clients found therapy beneficial and this rose to 67% when the therapy was completed.

2. Regional Trauma Network

- As a result of the NISHS, the development of a new service to provide treatments for people with trauma related mental illness was included in the Stormont House Agreement.
- The agreement text states that on the basis of a CVSNI recommendation that “a comprehensive Mental Trauma Service” will be established”.
- On September 15th 2015 a proposal was presented to the Stormont House Agreement implementation committee for the mental health trauma service.
- The evidence for the need for the service was summarised in four points, two of which refer to the Troubled Consequences report and the third refers to the transgenerational trauma report. produced by O’Neill and colleagues based on the NISHS data.
- The first “underpinning aim” is to: “*Comprehensively address the legacy of the Troubles and address unmet mental health needs, **as highlighted by recent research published by the Ulster University and others***”.
- On 10th September the minister for Health announced that the service would be developed stating the statistics from the proposal that were based on the NISHS studies and also referred to transgenerational trauma report.
- On the 24th November the Department of Health announced formally that the service was to be established and cited the transgenerational trauma report. In 2016 £175,000 funding for the service was announced.

Changing Policy And Practice In The Prevention Of Suicide And Suicidal Behaviour in Northern Ireland

- Our research on suicide significantly shaped NI's Protect Life 2 Strategy, and led to two suicide prevention interventions for specific groups.
- This evidence on the unique features of suicidal behaviour in NI **altered the groups and areas** targeted in the refreshed version of NI's first suicide prevention strategy, which for the first time **identified PTSD and trauma as groups to be targeted.**
- This strategy receives £8 million in funding annually.
- The research also significantly shaped the Protect Life 2 strategy, which cannot be implemented due...
- The research changed practice through the implementation of a Zero Suicide strategy in mental health services, and led to the establishment of "Our Future Foyle", a novel plan to address access to means of suicide in Derry city (both initiation documents cite Ulster research).