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# Equity, Diversity, Inclusion, and Accessibility (EDIA) in Research Strategy

Version: 1.0

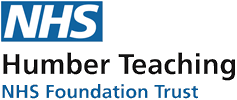
Date: May 2025

**Our partners:**

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**In collaboration with:**

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# 1. Governance

The Executive Team will implement the Equity, Diversity, Inclusion, and Accessibility (EDIA) strategy, integrating the following governance and operating principles:

* ensuring diversity in all committees and groups
* encouraging inclusive participation in all activities
* communicating clearly our specific strategy for EDIA

This strategy was put together in consultation with the members of the Programme Management Group of the Centre for Addiction and Mental Health Research (CAMHR). It links to the University of Hull’s EDI Strategy and also draws on that of CAMHR’s collaborator and partner Universities and NHS Trusts. It also reflects the priorities of our funder as set out in the NIHR Research Inclusion Strategy 2022-27, the NIHR Disability Framework, the MESSAGE (Medical Science Sex and Gender Equity) Project and the Guidance from the NIHR INCLUDE project for improving the inclusion of under-served groups in clinical research. Finally, it is informed by a rapid review undertaken of the current literature on best practice in equality, diversity, inclusivity and accessibility in addiction and mental health research. All CAMHR team members have reviewed and approved this strategy.

# 2. Our EDIA Vision

At the Centre for Addiction and Mental Health Research (CAMHR), the NIHR Mental Health Research Group at the University of Hull, we are embedding the principles of EDIA into our mission of examining and addressing the care gaps in addiction and mental health care across the Yorkshire and Humber region. We aim to narrow these gaps by promoting a holistic, person-centred approach to understanding and supporting people with unmet needs relating to addictions and mental health.

CAMHR proposes an Equity, Diversity, Inclusion and Accessibility (EDIA) strategy. We believe that accessibility is not given sufficient attention in many strategies and therefore warrants highlighting as a specific core component in the title of our Strategy (rather than being subsumed within the three other elements).

Our Strategy is rooted in a fair and equal consideration of each person’s needs viewed through the lens of intersectionality – that is understanding how the unique qualities, personal characteristics, experiences, and environments of each individual can result in particular combinations of inequality and disadvantage. More specifically in the context of CAMHR, this translates into researching how this individual combination of factors impacts the person’s exposure to risk and harm, and their ability to seek and receive suitable support for addiction and mental health problems.

Our vision and goals will be embedded via SMART objectives (detailed in section 3), progress on which will be regularly reviewed. While built on a solid ethical framework, our strategy is flexible enough to be responsive to changing external circumstances and evolving conversations with stakeholders.

Our EDIA strategy is central to our vision of developing and actioning progressive, innovative, and collaborative research. We will promote an inclusive research culture and invest in the development of early- and mid-career researchers. We will embrace diversity of people, thought, knowledge, and practice in order to maximise our understanding of mental health and addiction challenges enabling us to devise optimal solutions to these challenges in terms of acceptability, clinical effectiveness, cost-effectiveness, and bringing wider benefits to society.

## 2.1. Reducing inequities in addiction and mental health research

CAMHR serves the geographic area encompassed by the Humber and North Yorkshire Integrated Care Board which covers 6 local authorities and serves a diverse population of 1.7 million across cities, market towns, rural villages, and coastal communities. This includes some of the most deprived wards in the UK and underserved groups with limited access to effective mental health treatment and limited engagement with applied mental health research.

The most deprived wards experience the highest levels of need and service use for drug, alcohol and mental health conditions. Even in the least deprived areas there are relatively high rates for suicide, high levels of mental health service contacts and under 18 alcohol admissions and a general lack of treatment of mental health problems in alcohol services. CAMHR will involve local communities in both co-designing innovative ways to improve the accessibility of services and in exploring how it might be possible to reduce vulnerability to addiction and mental health challenges.

Amongst the most disadvantaged and underserved groups are those from homeless communities, LGBTQ+ groups, minority ethnic and cultural groups (including Gypsy, Roma, and Traveller communities), people with disabilities, people experiencing socioeconomic deprivation, and rural and coastal communities. Historically, these groups have been excluded from research and have poorer access to healthcare; often facing multiple barriers when seeking support for mental health or substance use problems. These can include stigma and discrimination, physical challenges travelling to healthcare, social isolation, and lack of local supportive health and social care networks. We will ensure that all these groups are actively engaged, including in stakeholder and PPIE groups. This will then allow us to better understand how and why they experience greater risk and lower protective factors in relation to addiction and mental health plus higher barriers to entry into care pathways and, on average, less successful outcomes and higher rates of relapse. This in turn will enable us to collaborate closely with affected populations and work together to co-develop new ways of redressing all these disadvantages.

We will work to ensure that EDIA is rooted in each stage of the research lifecycle from inclusion of a representative group of stakeholders and beneficiaries in co-designing the approach to disseminating the outcomes, including through engaging with commissioners, service providers and (local and national) policy makers.

Steps to achieve the meaningful inclusion of the groups we have identified in our research include:

* distribution and promotion of EDIA toolkits to members of CAMHR and its affiliates plus the wider University of Hull research community
* training workshops for CAMHR members and affiliates and offering one-to-one expert advice
* close working with PPIE colleagues, such as INVOLVE Hull, to ensure integration into their goals and activities
* close working with the NIHR Y&H RDN PPIE Team and Ethnic Minority Research Inclusion (EMRI) Hub
* building relationships with locally under-represented communities (through their representatives, community organisations etc.) to better understand the needs of these communities and engage them in shaping, carrying out and disseminating the research
* keep up to date with best practice in EDIA through participation in local and national events/conferences etc.

There are additional specific considerations for two of our three themes/populations:

Theme 1: Facilitating meaningful inclusion of young people with a range of needs relating to mental health, substance use and addiction, with consideration to neurodiversity, neurodevelopmental conditions and specific learning difficulties. Theme 1 will be offering internships in co-production of research to young people, drawing on the [Barnado’s Young Researcher’s Guidance and Toolkit](https://doi.org/10.18745/pb.25987).

Theme 3: Facilitating meaningful inclusion of individuals with cognitive impairment. Theme members have extensive expertise working with people with cognitive impairment and have undertaken additional training in the inclusion of adults with cognitive impairments in research.

## 3. Our Core EDIA Objectives

CAMHR’s vision, reflecting that of the wider University of Hull, is to create a research environment in which researchers collaborate with, reflect on, and respond to the needs of the diversity of people affected by addiction and mental health problems. Amplifying those whose voices need to be included in the design and development of applied mental health research. The CAMHR team is diverse, with members drawn from multiple disciplines, who reflect a range of protected and non-protected characteristics. Our funder, NIHR, advocates for creating communities that reflect diverse backgrounds, perspectives, lived experiences and skills, and the CAMHR team share a commitment to promoting equity, embracing diversity, and fostering an inclusive applied research culture.

CAMHR’s three core EDIA objectives will be to:

1. Promote diversity in leadership and research teams
2. Create a collaborative and equitable research culture
3. Provide an inclusive and accessible research environment

### 3.1. Promote diversity in leadership and research teams

* Supporting Early and Mid-career researchers (ECRs and MCRs) to build their research profile and develop leadership skills
* Supporting ECRs to be lead author where they meet the ICJME guidelines for authorship, as per the CAMHR publication policy.
* Hiring policies and procedures which incorporate reasonable accommodations in line with the University of Hull recruitment and hiring policies
* Funding for training and professional development available to all CAMHR team
* Access to NIHR Academy and other training resources available to CAMHR team for professional development, inclusive leadership skills, and EDIA training

### 3.2. Create a collaborative and equitable research culture

* + Develop and follow a CAMHR publication policy which clearly delineate responsibilities and enables all members of the team regardless of background or experience to make meaningful contributions to research
  + Flexible, hybrid, and family-friendly working policies and practices which align with the University of Hull procedures
  + Travel policies and support with travelling to and attending events for employees who may incur disproportionate difficulties
  + Facilitating research visits between researchers based at the University of Hull with collaborators’ (University of Kent) and partners’ (University of York and King’s College London) institutions
  + Close collaboration between researchers and PPIE co-ordinators to ensure meaningful involvement of people with lived experience and their friends and families throughout all stages of research, also to ensure that those involved mirror the diversity of the communities benefiting from the research
  + Encouraging Centre members to consult with the EDIA team and PPIE team to help with planning and budgeting for inclusion in new funding applications
  + Young people’s internships in research will be offered to provide mutually beneficial involvement from experts by experience and to enhance an equitable research culture to benefit future generations of researchers and academic staff
  + Weekly team lunch for entire CAMHR team, including postgraduate researchers, to promote inclusion and collegiality

### 3.3. Provide an accessible and inclusive research environment

* Promote accessibility across the Centre’s entire remit, including in-house, PPIE and public activities and events
* Including requests for information about access needs in all event invitations and striving to meet these as far as reasonably practicable.
* Physical access for those with physical disabilities – ensure wheelchair accessible, blue badge or reserved carparking available nearby
* Hearing impaired – hearing loop available (particularly for large events), well sound-proofed rooms for smaller meetings, quiet areas for breaks
* Neurodiverse groups – identifying a quiet comfortable space with low-lighting and chairs (a sensory room) to which neurodiverse people can temporarily retire if they feel overwhelmed/overstimulated
* Visual impairments and specific learning difficulties - All reports and minutes in a screen-reader friendly format. Options to adjust colour scheme and contrast of webpages and reports. Captioning of all videos and transcripts of podcasts.
* Avoidance of stigmatising language and agreeing ways of referencing health conditions, disabilities, and mental health/substance use challenges that feel authentic and respectful to those experiencing them.
* Encouraging individuals to share their pronouns and their preferred name, where they feel comfortable to do so.
* Easy-read options for all CAMHR outputs with options for alternative methods of information sharing upon request.
* Using templates for easy-read and public-facing documents, as well as Terms of Reference for stakeholder and PPIE groups.
* Acronyms will be avoided where possible.
* Meetings will be clearly signposted, and maps can be provided in advance to easily locate buildings, rooms, and facilities.
* All documents related to meetings and events circulated in a timely manner with clear contact information and attendees encouraged to communicate their access needs in advance.

## 4. Monitoring our EDIA objectives

We will continuously track the implementation of our three EDIA objectives into the activities and documentation of CAMHR as described in the subsections below and review progress at the monthly Programme Management Group (PMG) meetings. A brief EDIA report with some key metrics will be produced and reviewed by the PMG every six months. We will discuss any challenges that have arisen and potential solutions to these and/or smarter ways to better achieve our overall objectives.

### 4.1. Promote diversity in leadership and research teams

We will track the intellectual outputs, knowledge mobilisation, and training activities of all CAMHR members in a Microsoft Excel document. This will allow the team to ensure that there is a diversity of outputs and events, and to identify areas where ECRs and MCRs can further build their research profile.

We will advertise for upcoming positions in an equitable manner and in line with University of Hull policies, procedures, and commitments, such as the Disability Confident Scheme and the Mindful Employer Charter.

### 4.2. Create a collaborative and equitable research culture

We will develop and follow a CAMHR publication policy to ensure best practice in collaboration and delineation of responsibilities. All publications and other intellectual outputs will be tracked and reviewed regularly to make sure that all members have the opportunity to make meaningful contributions and to develop their skills and career in a manner that benefits them. This will also include tracking research visits and training and learning events.

Young people’s internships will take an inclusive approach to recruitment, accounting for the barriers to education and employment that young people with lived experience of mental health and substance use problems may face. We will also recruit from existing lived experience groups to enhance equity of opportunity to be involved in research. Additionally, a young person with lived experience will be included in the hiring process and interview panel.

Researchers and PPIE coordinators will have weekly meetings to promote collaboration and involvement of PPIE contributors. The PPIE team will monitor the demographics and characteristics of contributors to ensure that the research is reflective of the needs of the local communities across the Yorkshire and Humber ICB.

### 4.3. Provide an accessible and inclusive research environment

We will provide templates and checklists to those organising events across the Centre’s entire remit, including in-house, PPIE and public activities and events, to ensure that inclusion and accessibility considerations (as listed in section 3.3) are fully incorporated in the planning and delivery. Reports on events delivered at the Centre PMG meetings will include reflecting on how successfully PPIE, accessibility, and inclusion considerations were met, whether there were any unexpected challenges and if any learning can be taken forward. There is a dedicated budget for PPIE to facilitate inclusion and accessibility in all PPIE activities.

## 5 Action Plan

|  |  |  |
| --- | --- | --- |
| **Objectives** | **Activity** | **Timing** |
| **Reducing inequities in addiction and** | Distribute and promote EDIA toolkits to members of CAMHR | 2024/2025 |
| **mental health research** | All CAMHR team members to have completed mandatory EDI training | 2024/2025 |
|  | Regular liaison with CAMHR PPIE coordinators and theme leads to ensure ongoing integration of EDIA objectives into PPIE goals and activities | ongoing |
|  | Engagement with underserved populations logged from the engagement tracker, with challenges and success noted | ongoing |
|  | Attend one EDI conference/training event each year | ongoing |
| **Promote diversity in leadership and research teams** | Log skills development of Early and Mid-Career Researchers via Individual Training Needs Tracker | ongoing |
|  | Facilitate access to NIHR Academy for Early Career Researchers (PhDs & post-doctoral associates/fellows) | 2024/2025 |
| **Create a collaborative and equitable research culture** | Hold weekly CAMHR team lunch | ongoing |
|  | Circulate CAMHR publication policy | 2024/2025 |
|  | Integrate EDIA considerations into procedures for recruiting young person interns | 2024/2025 |
|  | Periodic check-in with young people interns to take stock of and address any EDIA needs | Ongoing |
|  | Logging advising on and reviewing of new funding applications from CAMHR team in terms of EDI content and budget | Ongoing |
| **Provide an accessible and inclusive research environment** | Distribute accessibility checklists for event organisers around CAMHR team | 2024/2025 |
|  | Incorporate EDIA guidance into guidelines for holding PPIE events | 2024/2025 |
|  | Distribute guidance on producing accessible documents to CAMHR team | 2024/2025 |
| **Impact & Governance** | Review progress on EDIA objectives at monthly team meetings | Ongoing |
|  | Produce 6-monthly brief report with key metrics and updates to monitor progress and collate learning that can be applied going forward | Ongoing |
|  | Share best practice at events with other EDI Co-ordinators and stakeholders | Ongoing |