

HRB Open Peer Review Response
Dr Shaakya Anand-Vembar et al.

Review #1

April 7th, 2026

Manuscript Title: Barriers and enablers to implementing capacity-strengthening initiatives for public and patient involvement in mental health research: a scoping review protocol informed by the Consolidated Framework for Implementation Research

Manuscript ID: 14287

Dear Dr Elizabeth Morrow, Ms. Helen Sloan, Dr Llinos Haf Spencer, and Prof. Mary Lynch,

We thank you for taking the time to peer review our scoping review protocol and greatly appreciate your expertise and suggestions. Your comments have provided us with important insights that have strengthened the clarity and coherence of the protocol's background, have helped align its objectives and data extraction tool, and have increased its methodological robustness.

We have carefully considered the specific points raised in the review, and have addressed them on a point-by-point basis below. Please refer to both the tracked changes in the revised manuscript document, as well as tracked changes in the appendix file. Changes pertaining to your comments have been marked as 'Reviewer 1 Comment ___' in the comments within the revised manuscript, for ease of tracking.

We hope that the revisions sufficiently address your comments; any suggestions that were found to be out of scope for this review will certainly be considered in the write-up of the final publication.

Thank you again for your time and attention,

Dr Shaakya Anand-Vembar, on behalf of all authors

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Reviewer 1 Summary of Comments:

The study protocol by Anand-Vembar et al. presents a rigorous and transparent plan for a scoping review of capacity-strengthening initiatives for public and patient involvement (PPI) in mental health research. By explicitly mapping barriers and enablers using the Consolidated Framework for Implementation Research (CFIR), the protocol demonstrates a strong theoretical grounding and methodological clarity. While it does not report empirical findings, the detailed approach enhances reproducibility and provides a clear roadmap for subsequent analysis. Moreover, the open-access publication and adherence to open-research principles align with current best practices in research transparency and knowledge sharing, which is particularly relevant for advancing evidence-informed PPI in mental health.

Overall strengths of the study protocol are:

- **Transparent methodology:** The article clearly outlines the databases, inclusion criteria, and data extraction processes.
- **Focus on capacity-building:** Addresses an important gap in PPI research by examining how initiatives are implemented, not just whether they exist.
- **Theoretical framework:** Uses CFIR to structure barriers and enablers, providing a robust implementation science lens for the analysis.
- **Open-access publication:** Promotes transparency, reproducibility, and early community engagement in the scoping review.

Main limitations:

- **Justification could be stronger:** The rationale for the review could be strengthened by engaging more with existing literature bases, theory and PPI frameworks.
- **Potentially narrow scope:** The review may miss innovative, user-led or informal PPI initiatives not captured in published or indexed literature. Grey literature and stakeholder consultation phases of the review could support a more robust process.
- **Limited discussion of theory and context variability of PPI across international settings**
- **CFIR is a suitably broad framework, but alternative implementation frameworks are not discussed and differences across countries, health systems, or cultural contexts may not be fully addressed.**
- **Unclear stakeholder involvement in review process:** While the review is about PPI, the protocol does not detail whether public contributors were involved in shaping the review question, or exactly how PPI members will be involved in the analysis or interpretation of the scoping review results.

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- Rapidly evolving field: PPI practices and guidelines change quickly; there is a risk the review could miss very recent initiatives or emerging approaches by the time it is completed.
- Data synthesis challenges: Scoping reviews often map evidence without assessing quality in depth, which may limit actionable recommendations.

Reviewer 1 Specific Comments and Author Responses:

1. **Attention to the drivers of PPI in research:**

The paper does not explicitly acknowledge key drivers of PPI in research, such as policy mandates, high-profile failures within health systems (for example, Bristol Royal Infirmary or Alder Hey), or the advocacy and lobbying roles of consumer, survivor and service user groups. Nor does it clearly link the discussion of involvement to influential policy developments and inquiries, such as the Francis Inquiry, which have been instrumental in shaping contemporary expectations around patient involvement in healthcare and health research. The absence of this contextual and policy grounding risks presenting involvement as an abstract or optional activity, driven primarily by anticipated outcomes, rather than as a practice deeply rooted in historical lessons from system failures, ethical imperatives, research governance and regulatory requirements.

- a. **Author Response:** We acknowledge that the drivers of mental health PPI are central to the rationale of our scoping review. We have now further expanded on our rationale on paragraph 3 of the introduction (page 9), to explicitly reference policy mandates. We believe this strengthens our ethical imperative and epistemic injustice argument. We have not referenced the Francis Inquiry, as this was a UK-based enquiry with limited impact internationally, however we have referenced relevant policy in Ireland and the UK.

2. **Existing research and theory:**

The authors touch only briefly on several important issues- such as power imbalances, stigma, and limited capacity to contribute to research- each of which represents a substantial area of scholarship in its own right. At a minimum, the authors could acknowledge the breadth of the existing literature on these topics and more clearly articulate how the scoping review will contribute to and intersect with these distinct bodies of work

- a. **Author Response:** We have now made explicit reference to this breadth of literature on page 10, at the top of the section titled *Challenges in implementing PPI in mental health research*. The scoping review will intersect with these bodies of work by identifying and discussing how capacity-strengthening initiatives have sought to address these challenges to meaningful mental health PPI.

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3. Engagement with theoretical perspectives of involvement:

As it stands the objectives of the scoping review offers limited potential for advancing theoretical understanding of engaged research, as it does not sufficiently engage with existing theories or conceptual models of PPI. Theory building is constrained when a study does not explicitly build on established theoretical frameworks, yet the authors draw almost exclusively on empirical evidence. As a result, substantial bodies of literature and well-established models of involvement- such as Arnstein's ladder of participation, Hickey and Kipping's continuum, Tritter and McCallum's mosaic model, and Smith et al.'s typology of involvement- are absent from the objectives and focus of the analysis. Similarly, existing models of PPI impact, including those developed by INVOLVE, and GRIP2 reporting guidelines are not considered. This lack of theoretical engagement means that the scoping review proposed in the paper appears conceptually underdeveloped and somewhat isolated from the extensive scholarship on patient involvement across health and social care, research, education, and broader traditions of civic engagement and public participation in public sector decision-making.

- a. **Author Response:** We have now clarified, on page 13 (objectives), page 15 (PCC chart and eligibility criteria), and page 20 (data extraction) that we will extract data on theoretical models or frameworks underpinning the initiatives.

Additionally, a statement has been added on page 13, after the objectives, clarifying how the review might contribute to advancing theoretical understandings of PPI in mental health research.

While there are a wide range of PPI in research practices (one systematic review found 65 different frameworks for supporting PPI) (Greenhalgh et al, 2019) we were unable to identify a specific PPI in mental health research theory in the literature.

For example, Flynn et al.'s model of preferences for participation in decision making relates to healthcare not research; Hickey et al.'s participating continuum relates to decision making in mental health service delivery not research; and Smith et al's typology of involvement relates to preferences in decision making about one's own healthcare not research. We acknowledge that Arnstein's ladder of participation, Hickey and Kipping's continuum, and Tritter and McCallum's mosaic model could be enhanced by our findings, for example by us identifying how a capacity strengthening initiative helps PPI contributors move from one ring of the 'ladder of participation' to another. However, as this is a scoping review protocol, we believe it is beyond the scope of this paper to name specific theories and outline how our work can potentially contribute to them.

4. Benefits and beneficiaries of the scoping review:

Part of the rationale should be to outline the potential benefits and beneficiaries of this scoping review beyond the immediate benefits to informing the wider study.

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- a. **Author Response:** This information has been added on page 14 under methodology:

“Additionally, this review is intended to benefit various stakeholders in the mental health research landscape. Researchers may find the review’s results helpful in improving the quality, inclusivity, and relevance of research through better PPI practices. PPI contributors can use the review’s findings to have more meaningful, supported roles, and gain skills and recognition in research settings. Research institutions and universities may use the findings to develop institutional structures (e.g., training, roles, governance) to sustain PPI. For funders and policy makers, findings can inform funding calls, shape national strategies, and identify requirements for impactful PPI in funded research.”

5. Consistency of aims and objectives:

There is inconsistency between the aims described in the abstract and the main body of the paper. The aim as defined in the abstract is to “determine the state of knowledge concerning PPI in mental health research capacity-strengthening initiatives; identify the outcome measures used to evaluate the impact of capacity strengthening initiatives for PPI on contributors, research processes, and policy; and map the barriers and enablers to the implementation of capacity strengthening initiatives for PPI.” The first part of the aim differs from the aim expressed in the body of the paper, which is described as to “describe existing training programmes, onboarding activities, and other skill-building initiatives directed at PPI members in this area, and identify and categorise barriers and enablers to implementing these initiatives.”

The objectives are then set out to:

- 1) Describe the content and implementation processes of capacity-strengthening initiatives utilised to strengthen PPI in mental health research.
- 2) Describe outcome measures used to evaluate the experience or impact of the identified capacity-strengthening initiatives on lived experience contributors and broader research or policy implementation goals.
- 3) Use the Consolidated Framework for Implementation Research (CFIR) to map identified barriers and enablers of implementing capacity-strengthening initiatives.

Objective 2 should perhaps be broader to include the outcomes on researchers (skills, professional development, careers), research team dynamics, research environments and cultures.

Objective 3 would align more closely with the Consolidated Framework for Implementation Research (CFIR) if it explicitly explored all five interrelated CFIR domains. These include intervention characteristics, which encompass features such as perceived complexity, adaptability, and strength of evidence; the outer setting, referring to external influences such as policy contexts, funding requirements, and stakeholder needs; and the inner setting, which captures organisational factors including culture, leadership engagement, resource availability, and readiness for implementation. In addition, the characteristics of individuals domain examines the knowledge, beliefs, skills, and motivations of those involved in implementation, while the process domain focuses on how implementation is planned, enacted, reflected upon, and evaluated over time. Explicit engagement with these domains

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would strengthen the theoretical coherence of the objective and enhance its contribution to implementation-informed analysis

- a. **Author Response:** The aims outlined in the abstract and main text have been aligned. Thank you for drawing our attention to this discrepancy.

In relation to the suggestion about Objective 2, we have now added, throughout the protocol, that we will be extracting data on any outcomes used to evaluate experience or impact, rather than just quantitative outcome measures. We have also added the impact of capacity strengthening initiatives on the 'research process' as an area of potential impact.

In relation to the suggestion about Objective 3 (CFIR and its relation to the outcomes), this has been discussed in the previous section (page 12, Capacity-strengthening for PPI in mental health research). A more explicit connection to CIFR domains and constructs has now been provided in the Objectives section.

6. **Study Design:** The authors should justify their selection of CFIR and explain how other implementation frameworks exist and have different purposes e.g., RE-AIM, Theoretical Domains Framework (TDF), PARIHS / i-PARIHS, Normalization Process Theory (NPT), EPIS, Knowledge-to-Action (KTA) Framework.

- a. **Author Response:** Our choice of CFIR as a framework to guide the scoping review is justified on page 13 in the section *Capacity-strengthening for PPI in mental health research*. Explaining the exclusion of other potential frameworks is beyond the scope of this protocol.

7. Timeframe

Both the timeframe for the review and the publication date range of included articles should be explained.

- a. **Author Response:** The timeframe of the search has now been included on page 18, under Search Strategy and Information sources. The date range of included articles will be provided in published scoping review.

8. Best practice frameworks for PPI

The authors should consider alignment of the scoping review and outcomes to be considered, with best practice frameworks for PPI, for example, but not limited to: Public Involvement Impact Assessment Framework (PiiAF)

<https://piiaf.org.uk/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6022311/>

Public Involvement in Research Impact Toolkit (PIRIT)

[Public Involvement in Research Impact Toolkit \(PIRIT\)](#)

NIHR ARC North East and North Cumbria, Equality, Diversity and Inclusion (EDI) Toolkit

<https://arc-nenc.nihr.ac.uk/virtual-college/equality-diversity-and-inclusion-edi-toolkit/>

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GRIPP2 reporting framework

<https://doi.org/10.1186/s40900-017-0062-2>

- a. **Author Response:** Thank you for these suggestions. Our review's findings will be discussed in light of these frameworks in the published scoping review.

9. **Stakeholder consultation**

The stakeholder consultation phase of the scoping review (as advocated by Levac, Colquhoun, and O'Brien, 2010) could be described in more detail, and a stakeholder engagement framework would provide structure, clarify roles and expectations, and ensure systematic and meaningful involvement of public contributors and other stakeholders throughout the review process. As the authors acknowledge, the field of PPI in mental health research has been shaped by several influential scholars in the UK/Ireland context, whose work provides important context for understanding the significance of the scoping review developed by Anand-Vembar et al. Pioneers such as Diana Rose, Peter Beresford, and Alison Faulkner have emphasized the value of lived experience knowledge, service user leadership, and the ethical and social justice dimensions of involvement. Elizabeth Morrow and Fiona Ross have further advanced critical perspectives on PPI, highlighting issues of power, tokenism, and the need for relational, ethically grounded practices in the context of digital society. Methodologically focused scholars, including Sophie Staniszewska and Kristina Staley, have contributed frameworks and evaluation tools to strengthen the rigor and impact of involvement initiatives. Collectively, these authors provide both the conceptual and practical foundations that inform contemporary efforts to enhance capacity for meaningful PPI in mental health research.

- a. **Author Response:** A more detailed description of the stakeholder consultation process has now been provided on page 18 under Search Strategy and Information Sources:
- b. *“Stakeholder consultation will occur concurrently with the grey literature search, once title and abstract screening is completed. A list of relevant subject matter experts internationally (with particular focus on those familiar with the Irish, EU, and UK research systems) will be created by the authors. Stakeholders will be contacted via email, with a specific request to direct the authors towards any relevant capacity-strengthening materials (published or unpublished initiatives, policies, evaluations, etc.) for PPI contributors in the mental health space that they are aware of. Those who don't reply initially will be contacted one more time, after which the authors will no longer attempt contact. The additional material gathered through this consultation will be screened against the review's inclusion and exclusion criteria.”*

In addition to this, the involvement of the VISTA PPI panel in this review to date has been explained in more detail on page 15, under PPI Contribution:

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“Lived experience PPI contributors have been involved in the VISTA programme from the grant-writing stage onwards; as such, they have been consulted on, and have shaped the following aspects of the review protocol: review aims and scope, inclusion/exclusion criteria, terminology used (e.g. ‘mental health challenges’, described below), and manuscript review/editing. The PPI panel will also be involved in the later stages of the review, such as in the stakeholder consultation phase of the grey literature search, data synthesis, and the write-up of the results manuscript.”

10. **Methods:** Definition of mental health: Enhance and reference the definition of mental health research being applied in the scoping review. Expand upon the core concepts to include alternative terms and international variations of terms for PPI, PPIE etc. Expand the involvement concept to include involvement, inclusion, participation, engagement, co-production, co-creation etc. the literature does reveal multiple modes for engagement of users. See: <https://onlinelibrary.wiley.com/doi/10.1111/hex.13299?msocid=22180b9dbc9b602f14011e31bd5f61b1>
- a. **Author Response:** The database search has been designed with an information retrieval specialist, with particular expertise in health sciences and mental health, who has trialled the search to ensure maximum capture of relevant literature while minimising capture of related but not-quite-relevant studies. Variations on terms like PPI and capacity-strengthening have been accounted for in the search strategy (see Table 2, Search Strategy Used)

We have now refined how the review defines mental health and have detailed this in the PCC chart (Table 1, page 16, context row).

11. **Methods:** Clarify which aspects of the research cycle are included – for example, will the scoping review include pre-award involvement e.g., in identifying research priorities, developing tenders or programmes, research commissioning, review, project research, or research evaluation and assessment practices. Or is capacity building limited to only activities within funded research programmes or structures. The scope needs to be clarified for reproducibility.
- a. **Author Response:** The aspects of the research cycle included has been clarified on page 17, under Eligibility Criteria. Studies at any stage of the research cycle will be considered (from pre-award stages to post-publication and dissemination stages).
12. **Methods:** Explain inclusion/exclusion of user-led research traditions, such as Survivor research, Advocacy research, Volunteer research, and whether or not these will be included.

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- a. **Author Response:** The search terms allow for the capture of any type of knowledge production process irrespective of methodology or leadership.
13. **Methods:** Include hand searching of specific journals: Research Involvement and Engagement, Health Expectations, Research for All, BMJ Open, Patient: Patient-Centered Outcomes Research, BMC Health Services Research, BMC Medicine, International Journal of Integrated Care, Journal of Interprofessional Care, Evidence & Policy.
 - a. **Author Response:** Unfortunately, hand-searching specific journals will not be feasible given the resources and timeline of this scoping review.
14. **Methods:** Briefly explain 'Recovery Colleges across Ireland', for example, grounded in **recovery-oriented and strengths-based principles**, Recovery Colleges focus on building knowledge, skills, confidence, and self-management strategies.
 - a. **Author Response:** We have added the following explanation on page 14, under Methodology: *"Recovery Colleges emphasise agency, self-direction, and personal growth; helping people understand and make sense of the experience of psychological distress; assisting them to learn and develop skills, confidence, and coping strategies. By providing transformative learning opportunities and a flexible, strengths-based, and empowering learning environment, service users, their supporters, and mental health professionals all learn from each other."*
15. **Analysis:** In the analysis, interrogate where capacity development occurs, such as within research projects or research institutions, or in communities, educational settings, research ready communities, or member-led educational networks such as University of the Third Age (U3A).
 - a. **Author Response:** The setting of all capacity-strengthening initiatives will now be extracted as part of the details of the initiative. This has also been clarified on page 20, under Data Extraction, and in Appendix A (Data Extraction Tool Informed by CFIR).
16. **Analysis:** An often overlooked analytic perspective concerns the economic costs and added value of PPI initiatives and their resourcing supports. The review should explicitly consider economic perspectives, including the application of social cost-benefit analysis and social return on investment frameworks, to assess whether and how PPI generates value relative to its resource requirements. Incorporating an analysis of any existing economic evidence, alongside identifying gaps in this evidence, would strengthen the review by highlighting what is currently known about the economics of PPI capacity-building and where further empirical work is needed.

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- a. **Author Response:** As the review will not be excluding literature about economic perspectives on PPI capacity-strengthening in mental health research, if cost-benefit analyses or related outcomes are mentioned in included literature, these will be noted as part of the data extraction process.

17. **Analysis:** Provide more detail on who, how and when subject experts will be approached and what they will be asked to contribute to the review and analysis of results. Part of the scoping review methodology is to identify gaps; these experts can usefully provide insight into these gaps.

- a. **Author Response:** The following has been added on page 19 under Search Strategy and Information Sources:

“Stakeholder consultation will occur concurrently with the grey literature search, once title and abstract screening is completed. A list of relevant subject matter experts internationally (with particular focus on those familiar with the Irish, EU, and UK research systems) will be created by the authors. Stakeholders will be contacted via email, with a specific request to direct the authors towards any relevant capacity-strengthening materials (published or unpublished initiatives, policies, evaluations, etc.) for PPI contributors in the mental health space that they are aware of. Those who do not reply initially will be contacted one more time, after which the authors will no longer attempt contact. The additional material gathered through this consultation will be screened against the review’s inclusion and exclusion criteria.”

18. **Analysis:** Consider ways to analyse diversity, equity and inclusion in PPI capacity development, for example, in terms of accessibility of research leadership opportunities, training programmes and research leadership academies. Specifically considering intersectionality of mental health with personal protected characteristics and PPI. How might marginalised and underserved and underrepresented groups face additional barriers to involvement?

- a. **Author Response:** Some of this data will be extracted as part of the details of the initiative (see page 20, Data Extraction), and limitations of the initiatives in terms of accessibility for marginalised groups will be discussed as part of the published scoping review.

19. **Dissemination:**

The authors could expand upon the dissemination and communication strategy for the scoping review findings to target audiences. In particular consider producing a policy briefing for research funders and evaluators, recommendations for practice, and plain English summary of the findings for lay audiences.

- a. **Author Response:** We will consider these as possible avenues for dissemination, and have added this to page 14, under Methodology.

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20. Rapidly evolving field: PPI practices and guidelines change quickly; there is a risk the review could miss very recent initiatives or emerging approaches by the time it is completed.

- a. **Author Response:** Thank you for raising this point. We have now added this as a limitation, on page 21, under Limitations.

21. Data synthesis challenges: Scoping reviews often map evidence without assessing quality in depth, which may limit actionable recommendations.

- a. **Author Response:** Thank you for bringing this to our attention. We have now clarified this limitation on page 21, under Limitations.