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Northern Health Futures Hub

Engineering and Physical Sciences Research Council

NorthHFutures Public Showcase

10:30 | USB Events Space





Lightening Talks

Digital Mental Health Research



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Dawn Branley-Bell

Exploring and Evidencing Food Insecurity Distress in the North East of England

(she/her)

Exploring and Evidencing Food Insecurity and Eating Distress in the North East of England

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Background and rationale

- 23% of North East households food insecure – second highest UK prevalence (Trussell Trust, 2025)

- Service providers and individuals with lived experience, tell us that food insecurity can be linked to eating distress

  → exacerbating symptoms and/or triggering new ones when food access becomes restricted/unpredictable

- Little research to document & draw attention to this need for further awareness and support for services and individuals


North East named food insecurity 'hotspot' - study

GETTY IMAGES

Some families in north-east England are struggling to afford food


Food insecurity and eating disorders are linked and rising. Where's the plan to tackle them?

Dorothy Dunn

https://tinyurl.com/foodinsecurityarticle

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Research aims & key questions

1. Can food insecurity worsen symptoms for those already living with eating distress?
2. Can food insecurity trigger new disordered eating behaviours – and through what mechanisms?
3. How can frontline services be supported to meet the needs of people experiencing both food insecurity and eating distress?

What we did

Phase 1:

- Online survey of 61 adults in the North East with experience of both food insecurity and eating distress (18-71yrs, average ~37yrs)
- Used validated tools to ask about current and historic (childhood) eating distress symptoms, current/recent food insecurity, general wellbeing and life satisfaction.

Phase 2:

- 18 one-to-one interviews with 9 people with lived experience & 9 staff/volunteers from North East foodbank and eating distress services

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What we found

- Food insecurity → lower life satisfaction
- Eating distress in childhood → greater chance of food insecurity experienced in adulthood leading to eating distress symptoms
- Shame and stigma reported as major barriers to seeking help; many declined foodbank support, fearing their eating distress needs would not be understood
- Foodbanks want to help but need eating distress awareness training (lightweight so achievable within capacity) and joined-up services

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Next steps & contact

- Secure funding for larger-scale research into food insecurity & eating distress
- Co-design eating distress & food insecurity awareness training packages for frontline services
- Explore co-location pilot opportunities – providing eating distress and food insecurity support under one roof

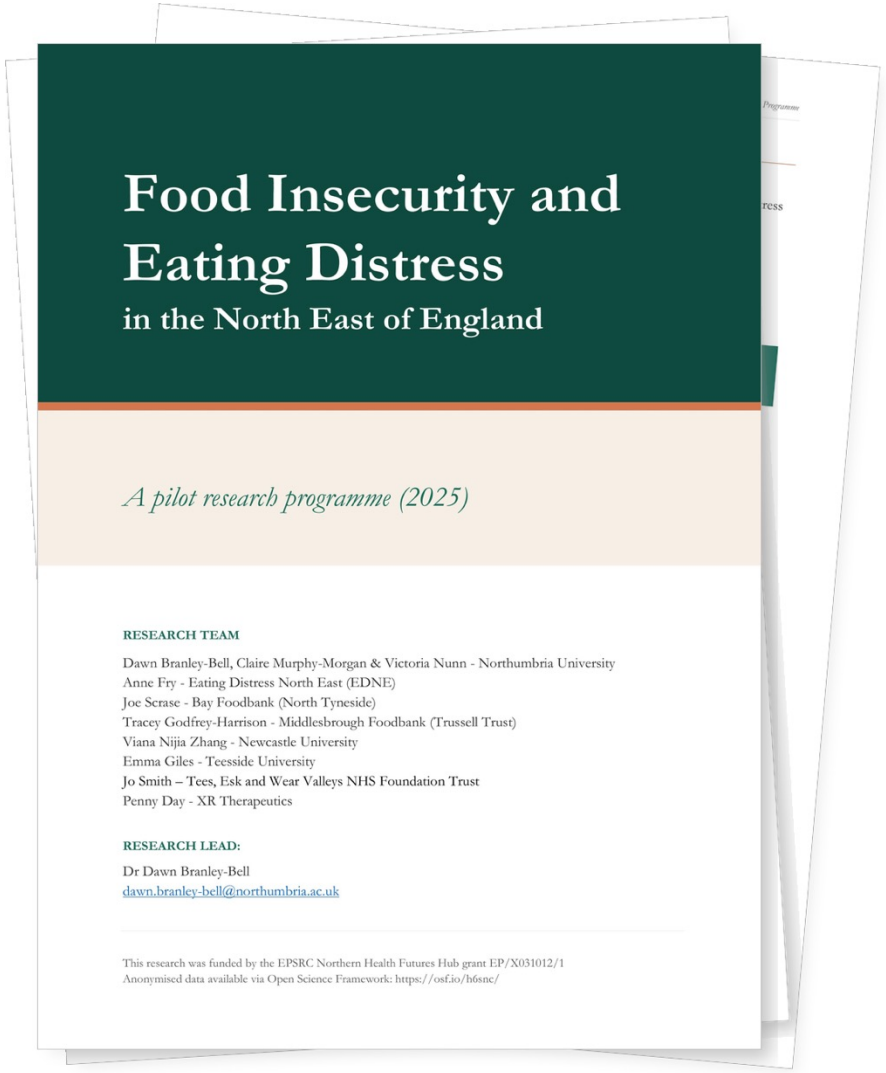
Report available open access:

rhed-research.uk/eating-distress-food-insecurity/

PACT Lab
Psychology and Communication Technology Lab

Questions or collaborations:

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Cristina Costa (she/her)

Digital Influence & Masculinity: The Impacts of Digital Environments on Vulnerable Young Men's Wellbeing and Empowerment

Background and rationale / challenge addressed

- Young people navigate an increasingly complex digital environments that intersect with everyday life pressures and can shape their sense of self-worth, a key determinant of mental health and wellbeing.

- Digital influencers play a powerful role in shaping attitudes, behaviours, and identities, often offering a misleading sense of belonging, control, and success → Toxic Masculinity
- **Key challenge:**
  - moving beyond computer-interaction perspectives if wellbeing
  - Understanding how online interactions influence young people's self-perception and developing strategies to foster healthier, supportive digital ecosystems.

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Research aims and objectives / key research question(s)

- How does “digital influencing” of masculinity impact the MHW of vulnerable young men/people?
- What kind of support(s) may young men/people benefit from to find inclusive digital spaces?
- What technology features are needed to raise awareness of the impact of toxic digital influencing?

What we did

- Map digital spaces where young men/people are exposed to masculinity (questionnaire)
- Identify how digital influencing affects their MHW (Focus groups and interviews)
- Create a mentor network of knowledgeable others to support young men's digital experiences.
    - Collaborative links with a wide range of partners working with young people was established through CPD (See acknowledgment slide)

What we found

- Young people are exposed to digital influencing from a very young age, with some influencers (e.g. Mr Beast) “parent approved”

- Digital influencers serve as a powerful mechanism of “intellectualising the public” by preying on people’s desires (wealth, strength, popularity, social respect, acceptance)

- Digital wellbeing is highly contingent on interpersonal relationships/connections, even when these end up being parasocial
  - Feeling cared form (self-confidence)
  - Exercising their rights (self-respect)
  - Finding a community (Self- and social-esteem)

So what? / next steps / contact

- We have piloted a CPD programme focused on pedagogies of empowerment for those working with young people to support with engaging young people in working through their experiences of exposure to digital influencing

- We have created a new conceptualisation of wellbeing that moves beyond computer-human interaction perspectives and solutions (e.g. digital detox)

- **Our goal is to extend CPD to a wider range of communities and collaborate with technology companies to embed wellbeing into design practices.**

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Working together

This work has only been possible because of the support of the support and engagement ofkey colleagues working within the VCSE sector and local communities.

The research also counted with the collaboration of colleagues working with young people from across the region who helped with participant recruitment and/or validating the CPD Package.

Thanks goes to Ms Cat Harwood (Durham Youth Council); George Spours, Winton Keenen and Stuart Younger-Cooper (Digital safety); Mark Satchels (Let's Connect), Jenny Walton (Sacriston Youth), Darren McMahon (Pact House), Kate Stephenson, Terrie Walmsley, Laura Barnett and Richard Hurst (County Durham), Viorica Munteanu (Changing Lives), Spike, Al and Lucy (Gladstone Terrace), Miriam Pooley (Blue Sky Trust), Harry Foster (The Warren Youth Project), Claire Muers (Young Women's Outreach Project), Amy Hollins (Durham Area Youth), Neil Metcalf (Change, Grow, Live), Sam Harrison and Poppy Le Marinel (Auxilia Youth).

This work was developed in collaboration with Gladstone Terrace Centre for Young People, Ms Rhoda Morrow and Fito Zangerle Murray.

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Christopher Bull (he/him)

Digital Mental Health Research

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The Challenge

Informed by the VCSE partners:

- Mental health outcomes mostly judged top-down: PHQ-9, GAD-7, WEMWBS — chosen by commissioners, not service users
- Standard tools are fixed, numerous, variable quality
- Goal-based alternatives (GBOs, GAS) still clinician-led
- Person-generated measures (e.g. PSYCHLOPS) exist but delivered clinically

Gap: a properly service-user-led approach that lowers stigma and fits alongside services

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Research aims and objectives

Aim:

To co-produce and test person-centred, peer-led tools that measure success in mental health services by what matters to each individual —

showing how this approach can improve engagement and outcomes, and generating the evidence to guide new digital tools and reshape how mental health services across the region are designed, measured and funded.

Research Questions:

- **RQ1** — How does a person-led approach compare with prior therapy and standard metrics?
- **RQ2** — Does it improve autonomy and empowerment?
- **RQ3** — Where do lived-experience and provider views agree or differ?

What we did

- Literature search → **chose ASSERT**, which centralises "What Matters To You?" approach
- Co-designed with VCSE partners delivery with people with lived experience
- **Services maintain Business as Usual** – Same method overlaid on each partner's normal delivery: up to 3 self-chosen goals, scored 1–10, revisited each session
- 3 partners ran it (a 4th withdrew); interviews with service users and providers
- Now analysing the service-user interviews…

So, what actually is ASSERT?

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ASSERT: SELF-EVALUATION OF STRENGTHS, RESOURCES & TOPICS

1 FIRST SESSION:

What matters to you?



Counsellor asks the key question and works with the client to identify up to three important topics or goals.

2 IDENTIFY TOPICS OR GOALS

Write down up to three topics or goals that matter.

What matters to me:

1. Feel good about talking to my mother
2. Have more control over my negative thoughts
3. Get a 4.0 grade point average

Topics = broad areas
Goals = specific changes to work toward

3 EACH SESSION: CHECK IN

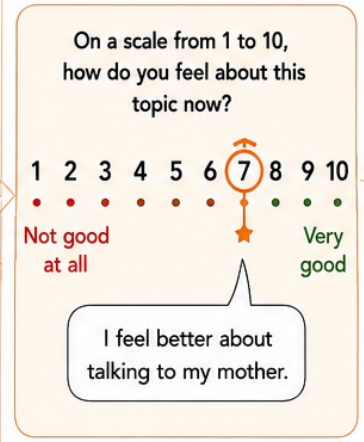
Counsellor reviews each topic.



If yes, move to scoring.
If no, update or replace the topic.

4 SCORE YOUR PROGRESS

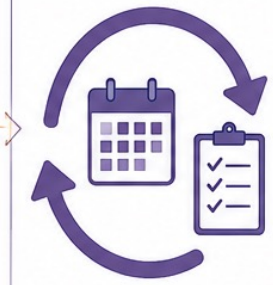
Rate how you feel about this topic now.



A higher score means positive change on that topic.

5 REVIEW & UPDATE

Continue each session.



- Keep scoring topics that still matter.
- Replace or remove topics that are no longer important.

★ THE ASSERT PROCESS IN SUMMARY



Ask: What matters to you?

Identify up to three topics or goals

Check in each session about importance

Score progress from 1 (not good at all) to 10 (very good)

Track change, celebrate growth, adjust as needed

EXAMPLES

- **Topic:** "It matters to me to be able to feel good about talking to my mother."
  Goal/Change: Higher score = feeling better.
- **Topic:** "It matters to me to have more control over my negative thoughts."
  Goal/Change: Higher score = more control.
- **Goal:** "It matters to me to get a 4.0 grade point average."
  Goal/Change: Higher score = closer to 4.0.

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What we found (analysis ongoing)

- **Light-touch and optional** — staff liked that it supported their practice without people becoming reliant on it

- **Service users had mixed opinions**, but useful:
  - Liked leading their own goals (vs unstructured prior CBT)
  - But often found it hard alone — wanted help to start

- **Helped show where more** (clinical) **support was needed**

- **Promising enough to explore further.** Could ease modest pressure on NHS services

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- **Next: finish analysis, compare with providers (RQ3)**
- **Next: Recommendations for inclusion into existing services**
- **Longer term: explore change in how regional services are measured and funded**

- **Contact:**





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Researcher

Thanks to our partners

Andy Cox, Transmit Enterprise CiC Trading as SIGNAL (VCSE); Carol Egdell, Tyne Housing Association (VCSE); Robyn Holmes, Age UK County Durham (VCSE); Toby Sweet, Sunderland Counselling Service (VCSE)

Sunderland Counselling Service

age UK

Tyne Housing