

Knight, Ruth ORCID logoORCID:

<https://orcid.org/0000-0003-0660-4588>, Demkowicz, Ola ORCID

logoORCID: <https://orcid.org/0000-0001-9204-0912>, Sprecher, Eva

ORCID logoORCID: <https://orcid.org/0000-0002-6169-5294>, Gomez

Bergin, Aislinn, Marzetti, Hazel ORCID logoORCID:

<https://orcid.org/0000-0003-4555-2258>, Petersen, Kimberly, Kara,

Buket, Sawrikar, Vilas, White, Hannah, Parsonage-Harrison, Jackie,

Wolstencroft, Jeanne ORCID logoORCID: [https://orcid.org/0000-](https://orcid.org/0000-0001-6160-9731)

[0001-6160-9731](https://orcid.org/0000-0001-6160-9731), Reardon, Tessa, March, Anna, McIver, Leanne,

Jones, Hannah ORCID logoORCID: [https://orcid.org/0000-0002-](https://orcid.org/0000-0002-5883-9605)

[5883-9605](https://orcid.org/0000-0002-5883-9605), Clarke, Tim, Breedvelt, Josefien and Chatburn, Eleanor

ORCID logoORCID: <https://orcid.org/0000-0002-6745-6737> (2025)

Meeting of minds: imagining the future of child and youth mental

health research from an early career perspective. BJPsych Bulletin.

pp. 1-7.

Downloaded from: <https://ray.yorks.ac.uk/id/eprint/12192/>

The version presented here may differ from the published version or version of record. If you intend to cite from the work you are advised to consult the publisher's version:

<https://doi.org/10.1192/bjb.2025.26>

Research at York St John (RaY) is an institutional repository. It supports the principles of open access by making the research outputs of the University available in digital form.

Copyright of the items stored in RaY reside with the authors and/or other copyright

(
|
!)

RaY

Research at the University of York St John

For more information please contact RaY at ray@yorks.ac.uk

Meeting of minds: imagining the future of child and youth mental health research from an early career perspective

Ruth Knight,¹ Ola Demkowicz,²  Eva Sprecher,^{3,4}  Aislinn Gomez Bergin,⁵ Hazel Marzetti,⁶  Kimberly Petersen,⁷ Buket Kara,⁸ Vilas Sawrikar,⁹ Hannah White,¹⁰ Jackie Parsonage-Harrison,¹¹ Jeanne Wolstencroft,¹²  Tessa Reardon,^{13,14} Anna March,¹⁵ Leanne McIver,¹⁶ Hannah Jones,¹⁷  Tim Clarke,¹⁸ Josefien Breedvelt,¹⁹ Eleanor Chatburn^{20,21,22} 

BJPsych Bulletin (2025) Page 1 of 7, doi:10.1192/bjb.2025.26

¹Department of Psychology, York St John University, York, UK; ²Psychology of Education, Manchester Institute of Education, University of Manchester, Manchester, UK; ³Department of Clinical, Educational and Health Psychology, University College London, London, UK; ⁴Anna Freud, London, UK; ⁵School of Computer Science, University of Nottingham, Nottingham, UK; ⁶School of Health in Social Science, University of Edinburgh, Edinburgh, UK; ⁷Psychology of Childhood and Education in the School of Education, University of Leeds, Leeds, UK; ⁸Division of Health Research, Lancaster University, Lancaster, UK; ⁹Population Child Health Research Group, School of Clinical Medicine, University of New South Wales, Sydney, Australia; ¹⁰School of Sport, Exercise and Health Sciences, Loughborough University, Loughborough, UK; ¹¹Department of Sport, Health Care and Social Work, Oxford Brookes University, Oxford, UK; ¹²BRC Great Ormond Street Institute of Child Health, University College London, London, UK; ¹³Department of Experimental Psychology, University of Oxford, Oxford, UK; ¹⁴Department of Psychiatry, University of Oxford, Oxford, UK; ¹⁵Department of Public Health and Sports Sciences, University of Exeter, Exeter, UK; ¹⁶Centre for Excellence for Children's Care and Protection, University of Strathclyde, Glasgow, UK; ¹⁷NIHR Bristol Biomedical Research Centre, University of Bristol, Bristol, UK; ¹⁸NHS Norfolk and Waveney Integrated Care Board, Norwich, UK; ¹⁹Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; ²⁰Child Mind Institute, New York, NY, USA; ²¹Norwich Medical School, University of East Anglia, Norwich, UK; ²²Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK

Correspondence to Eleanor Chatburn
(Email: e.chatburn@uea.ac.uk)

Summary Child and youth mental health is an international public health and research priority. We are an interdisciplinary and cross-sectoral network of UK-based early career researchers (ECRs) with an interest in child and youth mental health research. In this paper, we reflect on ongoing challenges and areas for growth, offering recommendations for key stakeholders in our field, including researchers, institutions and funders. We present a vision from an ECR perspective of what future child and youth mental health research could look like and we explore how the research infrastructure can support ECRs and the wider research field in making this vision a reality. We focus specifically on: (a) embracing complexity; (b) centring diverse voices; and (c) facilitating sustainable research environments and funding systems. We present recommendations for all key partners to consider alongside their local contexts and communities to actively and collaboratively drive progress and transformative change.

Keywords Child and adolescent psychiatry; early career researcher; child and youth mental health; child and adolescent mental health; research infrastructure.

First received 25 Jun 2024, final revision
22 Nov 2024, accepted 22 Mar 2025

© The Author(s), 2025. Published by
Cambridge University Press on behalf of
Royal College of Psychiatrists. This is an
Open Access article, distributed under
the terms of the Creative Commons
Attribution-NonCommercial-ShareAlike
licence (<https://creativecommons.org/licenses/by-nc-sa/4.0/>), which permits
non-commercial re-use, distribution, and
reproduction in any medium, provided
the same Creative Commons licence is
used to distribute the re-used or adapted
article and the original article is properly
cited. The written permission of
Cambridge University Press must be
obtained prior to any commercial use.

With child and youth mental health positioned as an international public health priority, the past two decades have seen considerable progress in research funding and activity. However, there are ongoing challenges across the field, and it is important to reflect and collectively explore these alongside opportunities for development. In this paper we, an interdisciplinary and cross-sectoral network of UK-based early career researchers (ECRs) working in and around child and youth mental health research, reflect on challenges and areas for growth, and offer recommendations for key stakeholders. We hope that in sharing aspirations for development, we can celebrate good practice and prompt critical reflection where there is room for growth. Specifically, we reflect on embracing complexity, centring diverse voices, and facilitating sustainable research environments and funding systems. In bringing an ECR perspective, we offer ‘fresh eyes’ with openness to new ways of working and celebrate the role of ECRs as future leaders.

This paper arose from discussions at an event in May 2022, in the Emerging Minds GROW Researcher Development programme. Emerging Minds is a network that ‘aims to reduce the prevalence of mental health problems experienced by children and young people’,¹ funded by UK Research and Innovation (UKRI). The GROW programme developed a network of researchers working in child and youth mental health, to support their development as future field leaders. As members of this network, we work across disciplines, including psychology, neuroscience, psychiatry, social care, sociology, technology and digital studies, education and occupational therapy, and across sectors, including academia, healthcare and third sector organisations. Our views are shaped by the partners we connect with through our work – from children and young people and their carers to funders and commissioners. We conceptualise child and youth developmental stages in their broadest sense, from the early years to young adulthood (i.e. from birth to 24 years²).

In shaping this paper, we engaged in a digital resonance checking exercise with eight UK-based young people aged 16 to 25 years from diverse backgrounds in terms of ethnicity, education and previous research involvement, approached through participation networks or authors’ projects. The

refined ideas resulting from this exercise were then further developed in a workshop with Emerging Minds Summit attendees in 2022, which included practitioners, funders, commissioners, academics and young people with an interest in the mental health of children and young people (‘children and young people’s mental health’).³ This process allowed us to be confident in the wider relevance and resonance of our ideas, while keeping the ECR perspective front and centre.

Embracing complexity

The need to ‘embrace complexity’ in mental health research has been increasingly highlighted.^{4,5} Conventionally, mental health research can be siloed by disciplinary and methodological boundaries. Complex systems approaches move away from reductionist ways of working focusing on singular components/settings, and take a systemic perspective to understanding issues affecting mental health.^{4,6} Embracing complexity includes conceptualising mental health and the factors affecting mental health as part of a complex, interwoven system that changes over time.⁴ Given recent opportunities to embrace interdisciplinary doctoral training (e.g. UKRI Doctoral Training Partnerships⁷) that some of us have benefited from, we propose that as a collective we bring a unique perspective to embracing complexity, which is essential for the future of the field. There is no better time to embrace complexity than now, we argue, and we highlight two avenues towards this.

Foster interdisciplinary working

Embracing complexity requires working together with different subject matter across disciplines. As ECRs we see an increasing drive towards interdisciplinary and multidisciplinary ways of working. We think interdisciplinarity ought to be embraced in its widest sense, which includes collaborating with different scientific fields (e.g. physics, sociology, mathematics, biology) as well as with clinicians, lived experience experts, and policy and practice experts. Interdisciplinary working will, in our view, need to become the norm to address the current issues.

It is our experience that this does not simply happen spontaneously: it requires time, funding and ongoing attention to interdisciplinary input in research and practice. Moreover, at times, a deliberate decision to create a level playing field for approaches, disciplines and theoretical frameworks may be needed. Funders play an important role in encouraging interdisciplinary and translational research. We have been encouraged by recent funding calls where interdisciplinarity is crucial (e.g. MQ Transdisciplinary Grants⁸). Indeed, some funding calls simply cannot be delivered within a singular discipline, such as the recent Wellcome Mental Health Data Prize,⁹ where data science, mental health science and lived experience perspectives were required to deliver translational tools to improve mental health.

From an educational perspective, some of us have benefited from, for instance, the Doctoral Training Partnerships or Wellcome PhD programmes. Both provide highly interdisciplinary curricula and supervisory structures, allowing future researchers to learn to conduct research in an interdisciplinary setting from the start. It will be beneficial to encourage, and make possible, interdisciplinary training opportunities worldwide.

Interdisciplinarity can occur at funder and training levels, but there are also opportunities to foster interdisciplinarity working at institutional and journal levels. Institutionally, structures and spaces for inter-faculty collaboration, clinician–researcher collaboration and lived experience involvement can be established. This may include small seed funding for bid development or cross-faculty events. Journals can develop special issues where interdisciplinarity and work across diagnostic boundaries are encouraged.

Translation from the start

Embracing complexity extends to efforts that consider how research is implemented in practice. Resources for research, implementation and service delivery are scarce. To develop maximum impact, even for basic research, we argue that we need to consider how our research can affect and influence practice from the start. For instance, evidence-based digital mental health interventions often do not transition from research to practice and face significant challenges when implemented, including technical difficulties, low awareness of data standards and privacy, and low engagement and retention rates. As ECRs, we suggest that drawing on implementation science and realist evaluations, while co-designing provisions with the intended target audience and setting, would contribute to the adoption of effective interventions in our reality of complex contexts and needs.

Centring diverse voices

Mental health research is often conducted on a limited sample, despite evidence suggesting that various social characteristics (e.g. gender, age, ethnicity) can affect both prevalence and presentation of experiences.¹⁰ We suggest that problems of representativeness and the sharing of power within research are central to our understanding of children

and young people's mental health, and we outline key issues and potential avenues towards resolution.

Co-production/stakeholder involvement

Under the United Nations Convention on the Rights of the Child,¹¹ children and young people have the right to be involved in decisions about them and their lives. This has been translated and developed through child and youth participation practices and models.¹² Guidelines, such as those from the National Institute for Health and Care Research (NIHR),¹³ state that research should be *with* or *by* the population of interest, rather than *to* or *about*. It is our responsibility to ensure that children and young people (alongside parents/carers) are involved meaningfully and to facilitate research that is transparent, relevant and responsible. This is often broadly referred to as patient and public involvement and engagement (PPIE) or, where individuals are more fully embedded in design and process, as co-production. This can enhance understandings of children's and young people's experiences and, in turn, enhances development and evaluation of practices and interventions. Despite these potential benefits and growing expectations of such practices from some funders, the conditions for this work do not always support best practice.¹⁴

There are multiple practical barriers to working with peer researchers. These can include confusion at ethical system levels regarding how co-production differs from research and that peer researchers are not participants but people with lived experience who offer expertise to help create more effective, meaningful research. A further challenge is institutions not having structures to remunerate peer researchers in timely ways without affecting benefits or unemployment status, often with long delays in payment systems that can damage trust. As we grapple with these systemic challenges, ECRs who have been integrating co-production into their work from the beginning of their careers are especially well-placed to develop innovative processes to facilitate smoother processes, but often lack the authority to alter existing processes.

Genuine and effective co-production throughout a project necessitates investing in strong relationships with peer researchers. We see this as central to what a researcher does, not an *ad hoc* task on specific projects. ECRs often do not have access to co-production funds, rendering it difficult to properly build and maintain these relationships over time and to integrate them into the entire research process. Funding, including within PhD programmes and via strategic ECR schemes, should facilitate co-production work during the conceptualisation and design of projects, rather than only creating capacity for co-production afterwards. Good examples of such support exist, such as via the NIHR Research Support Service,¹⁵ but such services often have limited funds and sometimes focus on specific applications/funders.

Marginalised groups

In highlighting diverse voices, focusing on inclusion and engagement of marginalised communities is central. In our resonance checking, the young people we consulted felt that improving the diversity of research participants and

researchers was one of the most important areas for development. Yet, they recognised the far-reaching systemic barriers to including marginalised voices in research. The mental health of members of marginalised communities is significantly poorer than that of other groups.^{16,17} Our experience as ECRs highlights the lack of diversity of researchers and participants in child and youth mental health research, substantially limiting research knowledge about critical issues. This is related to practical, ethical and organisational problems.¹⁸ To develop a more accurate understanding of children and young people's mental health, it is vital that we make research more accessible and facilitate the engagement of a wider range of participants to engage. Putting marginalised voices at the centre of practice should be a priority, instead of allowing those voices to remain unheard through lack of accessibility or action.

Improving diversity, engagement and inclusion is of importance in asking not only who we engage with as participants, but also who we are as a research community. As ECRs, we all have our own experience of the struggle to maintain a career within research. There is a clear leaky pipeline in mental health research, wherein talented young women and ethnic minority researchers are more likely to drop out early and many leave mental health research because of lack of funding.^{19,20} Less research is available on disability, gender and sexual orientation; however, based on our experiences, research is often not an accessible place for disabled people or those from minoritised genders and sexual orientations. In fact, temporary and insecure work in academic research disproportionately affects ECRs, women and ethnic minorities.²¹ This is in line with our experiences at the time of writing, with many of us on precarious contracts, often short and fixed term. A healthy research culture can contribute to better quality research and stimulate innovation. Investing in researchers from early in their careers makes them better at what they do and improves retention, particularly improving outcomes for those most likely to be excluded. This necessitates that institutions and funding bodies account for the marginalisation that an applicant has experienced and use the methods at their disposal to ensure representation from across minoritised groups. One example of this is the American Psychological Association's editorial fellowship programme, which offers early-career psychologists from historically underrepresented groups structured opportunities for capacity building in academic publishing.

Facilitating sustainable research environments for ECRs

It is important to position this paper within the broader research context. It is telling that the majority of those involved in writing it were not aware of the 2019 UK Researcher Development Concordat,²² which represents a commitment that all UK institutions and funders make under the three key principles of environment and culture, employment, and professional and career development. Despite the Concordat's obligations, we experience many ongoing challenges as ECRs, as reflected throughout this paper. Although there is a need for broader conversations, we would like to reflect here on our own experiences and how

institutions, funders and senior managers can go above and beyond the Concordat to ensure ECRs' continued contributions to the future of child and youth mental health research.

Structural challenges

Our shared experiences highlight the difficulties in overcoming structural barriers, including juggling heavy teaching and administrative workloads and working in fixed-term postdoctoral roles with little time for launching our own research. These roles often do not include protected time or costs for our own research interests, which end up squeezed into weekends and holidays. ECRs' contributions to the advancement of our field often rely unduly on our unpaid labour. Excessive workloads and unpaid overtime are associated with burnout and drop-out from the higher education sector.^{23,24} Disadvantaged groups, including parents/carers, working class, disabled and otherwise minoritised applicants face barriers to unpaid work that have an impact on their career progression.^{24–26} Female academics in the mental health sector are underpaid, under-cited and under-represented at senior levels, contributing to the leaky pipeline problem.¹⁹ Perpetuating inequalities results in a loss of community diversity and expertise.

There are some ECR opportunities, but they often do not go far enough. Fellowship schemes and funding open to ECRs to lead or co-lead exist but are often short-term and do not guarantee job stability. The highly competitive nature of these schemes, coupled with a limited number of funded positions, leaves many ECRs disappointed and at risk of leaving the sector. Definitions of ECR also vary, with some schemes allowing for post-PhD parental leave or part-time working and others taking a purely chronological approach to calculating eligibility. ECRs may also require more time for proposal development compared with senior researchers with established networks and collaborations. We appreciate initiatives that seemingly exceed the Concordat, such as repeated calls (e.g. NIHR's bi-annual fellowship schemes²⁷) and advanced warning of upcoming themed funding competitions (e.g. Wellcome's 'bus timetable')²⁸, that aim to level the playing field.

The labour required for ECR grant and fellowship applications should not be underestimated. Building collaborations, conducting PPIE work, and developing budgets can represent months of work, or even longer for ECRs relying on evening- and weekend-working. Researchers can then be kept waiting for a response and can be unable to resubmit rejected application to other schemes (e.g. UKRI policy), even when feedback denotes high quality. This can result in months and even years of time invested, often during precarious or heavy-workload employment, to plan work that cannot proceed. The knock-on effects can have a substantive impact on progression and well-being.

Learning lessons from the pandemic

During the COVID-19 pandemic, we witnessed funders responding quickly, allowing institutions and researchers to contribute to policy development, and ECRs adapting to unexpected challenges. ECRs are well equipped for complexity with a focus on collaboration, responsiveness, flexibility

Box 1 Recommendations for strengthening the child and youth mental health research field from an early career researcher (ECR) perspective

Recommendations for embracing complexity

- Academic community to consider complexity science in its approach to studying, funding and encouraging mental health research.
- Funders and institutions to focus on building spaces, opportunities and structures that allow researchers, and especially ECRs, to conduct interdisciplinary research.
- Funders to further prioritise implementation science and co-design to address barriers that hamper the implementation of effective interventions.
- ECR funding schemes or grants to allow funded time to disseminate findings to participant communities and to write-up scientific publications.

Recommendations for centring diverse voices

- Institutions to streamline their processes related to ethical approval of co-produced research and patient and public involvement (PPIE) engagement activities.
- Institutional resources to fund PPIE or child and youth advisory groups open to all researchers (in particular postgraduate students and ECRs without their own funding). Examples of good practice include Young People's Advisory Groups (YPAGs) under the GenerationR umbrella.³²
- Institutions to check that remuneration for peer researchers fits the needs of researchers and the children and young people better (e.g. quicker payments, longer-term funding to sustain PPIE/co-production through to dissemination stages).
- Researchers to consider the accessibility of their research practices for participants and peer researchers from marginalised groups.

Recommendations for facilitating sustainable research environments for ECRs

- Senior researchers should recognise their ECRs as potential future leaders and maintain relationships throughout and beyond grants/fixed terms by acknowledging their contributions, e.g. including them on outputs. Following through on their commitment to provide 10 days of continuing professional development (CPD) is also essential.
- Institutions need to actively fight inequalities by reducing their reliance on excessive workloads and unpaid overtime. Offering more financial stability to ECRs and ensuring protected research time can encourage them to thrive.
- Journals should ensure that ECRs are represented on their advisory boards and should encourage submissions to include an ECR coauthor where possible.
- Funders can support ECRs by: giving advance notice of future calls as standard; offering more postdoctoral and 'bridging' fellowships; running schemes that allow part-time and flexible working; offering more schemes for those who have needed to take a break from working; incentivising applications from a wider range of institutions; providing additional support to ECRs from less research-intensive institutions; and creating more grant programmes that allow joint lead applicants between an ECR and an established principal investigator. Funders would also benefit from appointing an ECR champion.
- Funders, institutions, research managers and individual researchers should look beyond their contexts and support more ECR communities that facilitate connectedness, regionally and globally, within child and youth mental health, e.g. through creating peer networks and establishing mentorship 'twinning' schemes.
- Based on the complex factors that contribute to systemic, sustainable change, we suggest that a funding body should commission a full mapping exercise and use this to inform a theory of change. The diversity of influences and complicated ways that systems come together to contribute to the current environment necessitates rigorous consideration. By mapping these factors, it would be possible to generate an evidence-based theory of change.

and interdisciplinarity. However, many of us have experienced first-hand or through our colleagues the precarity of our positions, with unrenowned contracts and redundancies. Going beyond the Concordat, we must actively maintain supportive relationships with ECRs as they navigate moves between different roles and institutions, ensuring continuity in their research careers. There is often a trend for senior academics to spend less time 'on the ground' or with research participants. ECRs have an important role to play in ensuring implementation of the research or interventions developed and thus the introduction of effective child and youth mental health research into practice, but only if they are acknowledged and not lost at the end of their fixed-term contract.

A global ECR workforce

ECRs are operating in an increasingly global research context, benefiting from increased opportunities for international collaboration due, for instance, to greater use of online meetings. Despite the expansion of child and youth

mental health research, researchers, including ECRs, in high-income countries like the UK must acknowledge their privileged perspective. There is a chance to learn and share globally, challenging biases by building capacity with international counterparts. Many challenges in child and youth mental health research are global, requiring ambitious, collaborative efforts to address problems such as siloed health systems, insufficient focus on prevention and structural inequalities.^{29–31} We need ambitious joined-up thinking that cuts across hierarchies, structures and contexts. The global workforce of ECRs is a valuable resource that, with proper support, can contribute significantly to addressing these challenges.

In conclusion, we have explored key themes aligned with the challenges and opportunities within child and youth mental health research with a view to continual development of an infrastructure and ecosystem that facilitates complexity,

inclusiveness and sustainability: namely (a) embracing complexity, including a move beyond reductionist approaches to understanding mental health, interdisciplinary collaboration, attending to complex systems, and producing research that can contribute to policy and provision; (b) centring diverse voices, including planning for meaningful coproduction, engaging with marginalised groups and considering accessibility requirements, as well as ensuring that our own researchs community includes and supports researchers from diverse backgrounds; and (c) facilitating sustainable research environments and fundings systems, including ensuring sustained funding approaches to exploring long-term study outcomes, creating a more level playing field, and supporting mentorship and community.

We have discussed these areas separately but highlight these as interconnected areas of infrastructure and practices, and thus interconnected challenges *and* interconnected opportunities. For instance, collaborative working across disciplines and sectors can facilitate the centring of diverse voices in a range of ways, and support communities and the sharing of opportunities and systemic practices. It is clear that there are many intersecting influences contributing to the current environment in child and youth mental health research. Funding decisions, for instance, are influenced not only by funders but also by policy agendas, academic panels, reviewer input and senior researchers who have the capacity to advocate for priorities, including ECR inclusion. To comprehensively understand how these systems function and interact, and their potential for mobilisation towards progress, a rigorous mapping exercise including representation across all stakeholders, from ECRs to funders, is required. This could be used to inform, for instance, a detailed theory of change, elucidating pathways – both bottom-up and top-down – towards advancing the field.

Such priorities, and the strengths and challenges in these areas, require careful and systematic attention from audiences including funders, institutions, field leaders, research managers and researchers themselves. In [Box 1](#), we set out key recommendations stemming from discussions throughout this paper and we invite key partners to consider these recommendations alongside active exploration of needs within their local contexts and communities to actively and collaboratively drive transformative progress. We hope to emphasise the imperative need to grant ECRs a prominent place in the discourse surrounding child and youth mental health research. ECRs must be provided the space, support and resources essential for nurturing their potential as future field leaders. Encouragingly, we have witnessed promising developments, exemplified by initiatives like the UKRI-funded networks, such as Emerging Minds, which have demonstrated the value of ECR-inclusive collaboration and encouraged cross-sector and multidisciplinary working. To move this agenda forwards, structured approaches to promote the development and voice of ECRs in the child and youth mental health field must continue to be actively explored.

About the authors

Ruth Knight is a senior lecturer in psychology in the Department of Psychology, York St John University, UK. **Ola Demkowicz** is a senior lecturer in psychology of education at Manchester Institute of Education, University

of Manchester, UK. **Eva Sprecher** is a research fellow in the Department of Clinical, Educational and Health Psychology, University College London, UK, and an honorary research Fellow at Anna Freud, London, UK. **Aislinn Gomez Bergin** is a transitional assistant professor in the School of Computer Science, University of Nottingham, UK. **Hazel Marzetti** is a senior research fellow in the School of Health in Social Science, University of Edinburgh, UK. **Kimberly Petersen** is a lecturer in the psychology of childhood and education in the School of Education, University of Leeds, UK. **Buket Kara** is a lecturer in clinical psychology in the Division of Health Research, Lancaster University, UK. **Vilas Sawrikar** is a senior research associate in the Population Child Health Research Group, School of Clinical Medicine, University of New South Wales, Australia. **Hannah White** is a senior lecturer in psychology in the School of Sport, Exercise and Health Sciences, Loughborough University, UK. **Jackie Parsonage-Harrison** is an occupational therapy research fellow in the Department of Sport, Health Care and Social Work, Oxford Brookes University, UK. **Jeanne Wolstencroft** is a research fellow at BRC Great Ormond Street Institute of Child Health, University College London, UK. **Tessa Reardon** is a research fellow in the Departments of Experimental Psychology and Psychiatry, University of Oxford, UK. **Anna March** is a research fellow in the Department of Public Health and Sports Sciences, University of Exeter, UK. **Leanne McIver** is a research associate in the Centre for Excellence for Children's Care and Protection, University of Strathclyde, UK. **Hannah Jones** is a research fellow in the NIHR Bristol Biomedical Research Centre, University of Bristol, UK. **Tim Clarke** is Head of Innovation at NHS Norfolk and Waveney Integrated Care Board, Norwich, UK. **Josefien Breedvelt** is a Prudence Trust research fellow in the Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK. **Eleanor Chatburn** is a research clinical psychologist in the Child Mind Institute, New York, USA, an honorary lecturer at Norwich Medical School, University of East Anglia, UK, and a visiting researcher in the Department of Public Health and Primary Care, University of Cambridge, UK.

Acknowledgements

We thank Cathy Creswell, Caroline Jay and Jen Martin for encouraging us to write this piece and guiding us in approaching sharing our reflections. This paper originated at a GROW Programme event, linked to Emerging Minds, and we are grateful to Emily Lloyd for bringing our cohort together. We also thank the young people and Emerging Minds delegates who engaged in resonance checking with us as we developed our reflections.

Author contributions

R.K., O.D., J.B. and E.C. contributed equally to conceptualisation, project administration, writing – original draft, and writing – review and editing. E.S., A.G.B. and H.M. contributed equally to conceptualisation, writing – original draft, and writing – review and editing. K.P., B.K., V.S., H.W. and J.P.-H. contributed equally to conceptualisation, writing – original draft, and writing – review and editing. J.W., T.R., A.M., L.M., H.J. and T.C. contributed equally to conceptualisation and writing – review and editing. All authors approved the final version of this paper.

Funding

The Emerging Minds Network Plus was supported by UK Research & Innovation as part of their Cross-Disciplinary Mental Health Network Plus initiative (grant number ES/S004726/1).

Declaration of interest

None.

References

- 1 Emerging Minds. *Action for Child Mental Health*. Emerging Minds, 2024 (<https://emergingminds.org.uk>).

- 2 Sawyer SM, Azzopardi PS, Wickremarathne D, Patton GC. The age of adolescence. *Lancet Child Adolesc Health* 2018; **2**: 223–8.
- 3 Sprecher E, Parsonage-Harrison J, Petersen K, Sawrikar V, Kara B, Chatburn E, et al. *Workshop: Meeting of Minds: Imagining the Future of Children and Young People's Mental Health Research*. Emerging Minds, 2022 (<https://emergingminds.org.uk/workshop-meeting-of-minds-imagining-the-future-of-children-and-young-peoples-mental-health-research>).
- 4 van der Wal JM, van Borkulo CD, Deserno MK, Breedvelt JF, Lees M, Lokman JC, et al. Advancing urban mental health research: from complexity science to actionable targets for intervention. *Lancet Psychiatry* 2021; **8**: 991–1000.
- 5 Fried EI, Robinaugh DJ. Systems all the way down: embracing complexity in mental health research. *BMC Med* 2020; **18**: 205.
- 6 Borsboom D, Cramer AOJ. Network analysis: an integrative approach to the structure of psychopathology. *Annu Rev Clin Psychol* 2013; **9**: 91–121.
- 7 UK Research and Innovation. *Doctoral Training Partnerships 2 (DTP2)*. UKRI, 2023 (<https://www.ukri.org/what-we-do/developing-people-and-skills/ahrc/training-and-support-before-the-future-doctoral-provision-programme/doctoral-training-partnerships-2-dtp2/>).
- 8 MQ Mental Health. *MQ Mental Health Transdisciplinary Research Grants*. MQ Mental Health, 2023 (<https://www.mqmentalhealth.org/wp-content/uploads/MQ-TD-research-grants.pdf>).
- 9 Wellcome Trust. *Wellcome Mental Health Data Prize*. Wellcome Trust, 2022 (<https://wellcome.org/grant-funding/schemes/wellcome-mental-health-data-prize>).
- 10 Woodall A, Morgan C, Sloan C, Howard L. Barriers to participation in mental health research: are there specific gender, ethnicity and age related barriers? *BMC Psychiatry* 2010; **10**: 103.
- 11 United Nations. *Convention on the Rights of the Child*. United Nations, 1989.
- 12 Lundy L. Children's rights and educational policy in Europe: the implementation of the United Nations Convention on the Rights of the Child. *Oxf Rev Educ* 2012; **38**: 393–411.
- 13 National Institute for Health and Care Research Applied Research Collaboration Kent, Surrey, Sussex. *A Guide to Co-production for Researchers, Services and Commissioners*. NIHR, 2021.
- 14 Smith H, Budworth L, Grindey C, Hague I, Hamer N, Kislov R, et al. Co-production practice and future research priorities in United Kingdom-funded applied health research: a scoping review. *Health Res Policy Syst* 2022; **20**: 36.
- 15 National Institute for Health and Care Research. *NIHR Research Support Service*. NIHR, 2024 (<https://www.nihr.ac.uk/explore-nihr/support/research-support-service/>).
- 16 Sapiro B, Ward A. Marginalized youth, mental health, and connection with others: a review of the literature. *Child Adolesc Soc Work J* 2020; **37**: 343–57.
- 17 Cleary M, Horsfall J, Escott P. Marginalization and associated concepts and processes in relation to mental health/illness. *Issues Ment Health Nurs* 2014; **35**: 224–6.
- 18 Farr M, Davies R, Davies P, Bagnall D, Brangan E, Andrews H. *A Map of Resources for Co-Producing Research in Health and Social Care*. National Institute for Health Research (NIHR) ARC West and People in Health West of England; University of Bristol and University of West of England, 2020 (<https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2020/05/Map-of-resources-Web-version-v1.2.pdf>).
- 19 Breedvelt JF, Rowe S, Bowden-Jones H, Shridhar S, Lovett K, Bocking C, et al. Unleashing talent in mental health sciences: gender equality at the top. *Br J Psychiatry* 2018; **213**: 679–81.
- 20 MQ Mental Health Research. *10 Year Impact Review*. MQ Mental Health Research, 2023 (https://www.mqmentalhealth.org/wp-content/uploads/MQImpactReport_Web2.pdf).
- 21 Organisation for Economic Co-operation and Development (OECD). *Reducing the Precarity of Academic Research Careers (Policy Paper No. 113)*. OECD, 2021.
- 22 Universities UK. *The Concordat to Support Research Integrity*. Universities UK, 2019 (<https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-08/Updated%20FINAL-the-concordat-to-support-research-integrity.pdf>).
- 23 Gewin V. Pandemic burnout is rampant in academia. *Nature* 2021; **591**: 489–91.
- 24 Johnson RW, Weivoda MM. Current challenges for early career researchers in academic research careers: COVID-19 and beyond. *JBMR Plus* 2021; **5**(10): e10540.
- 25 Lopes A, Dewan I. Precarious pedagogies? The impact of casual and zero-hour contracts in higher education. *J Feminist Schol* 2014; **7**: 28–42.
- 26 Arday J. 'More to prove and more to lose': race, racism and precarious employment in higher education. *Br J Sociol Educ* 2022; **43**: 513–33.
- 27 National Institute for Health and Care Research. *Research Career Development Funding Programmes*. NIHR, 2024 (<https://www.nihr.ac.uk/explore-nihr/academy-programmes/fellowship-programme.htm>).
- 28 Wellcome Trust. *What We Do and Don't Fund in Mental Health*. Wellcome Trust, 2022 (<https://wellcome.org/news/advanced-notice-future-mental-health-funding-calls-sharing-bus-timetable>).
- 29 Ordóñez AE, Collins PY. Advancing research to action in global child mental health. *Child Adolesc Psychiatr Clin* 2015; **24**: 679–97.
- 30 Franzen SRP, Chandler C, Lang T. Health research capacity development in low and middle income countries: reality or rhetoric? A systematic meta-narrative review of the qualitative literature. *BMJ Open* 2017; **7**: e012332.
- 31 Mei C, Fitzsimons J, Allen N, Alvarez-Jimenez M, Amminger GP, Browne V, et al. Global research priorities for youth mental health. *Early Interv Psychiatry* 2020; **14**: 3–13.
- 32 GenerationR. *Meet the Groups*. GenerationR, 2024 (<https://generationr.org.uk/meet-the-team/>).