



Cochrane
Common Mental Disorders

Trusted evidence.
Informed decisions.
Better health.



Visualising Cochrane Evidence in practice: experience from the Cochrane Common Mental Disorders group

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April 2019



UNIVERSITY
of York



EDITORIAL BASE



Cochrane
Common Mental
Disorders



Cochrane
Common Mental
Disorders

1. Introduction – why bother?

2. Why visual storytelling?

3. How to? - 3 case studies

- 'A review in an insta'
- The 1-pager
- Galaxy of Cochrane and CCMD

4. Challenges and learning

5. Where next?



Tell us about yourselves – What role do you have?



1. Introduction – why bother? - *Jess*

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Knowledge Translation



Cochrane defines Knowledge Translation as the process of supporting the use of health evidence from our high quality, trusted Cochrane systematic reviews by those who need it to make health decisions.

‘The KT Strategy Working Group recognises that a step change is needed to put KT at the heart of everything we do.’



Why bother?

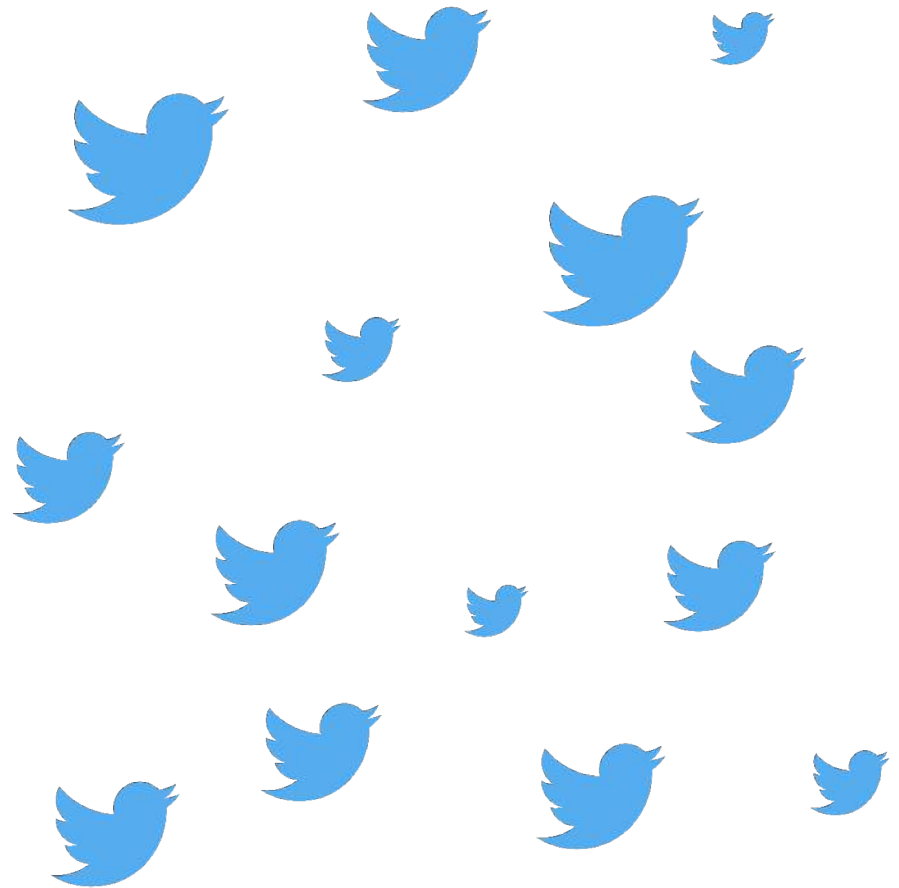
Everyone is busy...



Visual summaries to help act as a hook and bridge



**Part of wider work of Group
to increase our KT activities
and develop what we do**





There is **NOT** enough evidence to **know** whether antidepressants can be safe and effective for people with **COVID**.

We need **BETTER** **QUALITY** **STUDIES** WITH MORE **PARTICIPANTS**.

#NEWBLOG

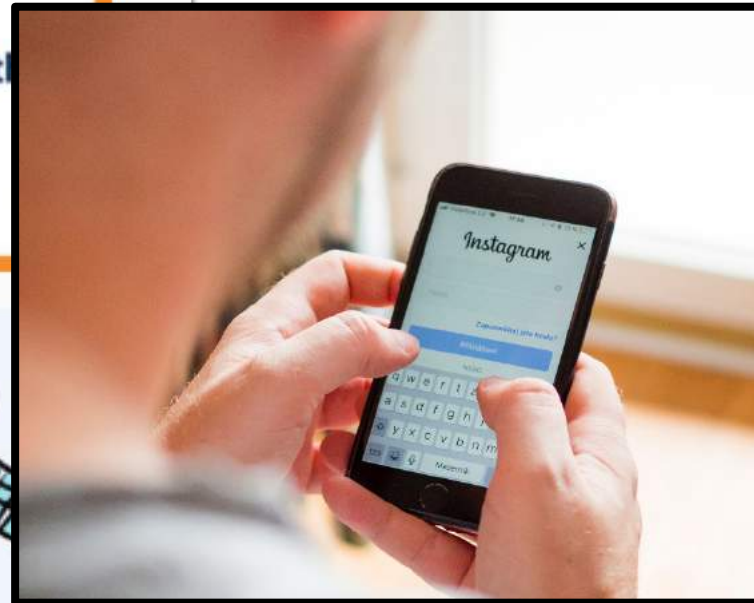
'I had the privilege of being directly involved with MindTech's Digital Technology in Mental Health PSP'

Stephanie Campbell, Director, E&P Priority Setting Partnership in Mental Health

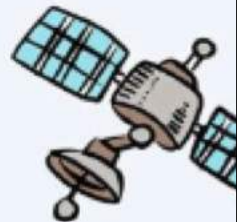
NEW BLOG

How do we know our reviews ask the 'right' questions?

STEPHANIE CAMPBELL, MARCH 2019



INTERNATIONAL WOMEN'S DAY



SATELLITE-CMD SUICIDE & SELF HARM, WALES



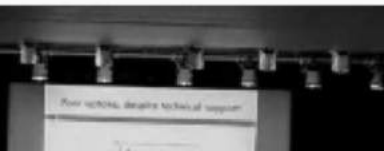
Instagram | Search | Log In | Sign Up

commonmentaldisorders_cochrane Follow

87 posts 118 followers 160 following

Cochrane CMD
Follow for updates on evidence about #depression #anxiety #PTSD #eatingdisorder #bipolar #ocd from Cochrane Common Mental Disorders
linktr.ee/commonmentaldisorders_cochrane

Why? Reach Being visual



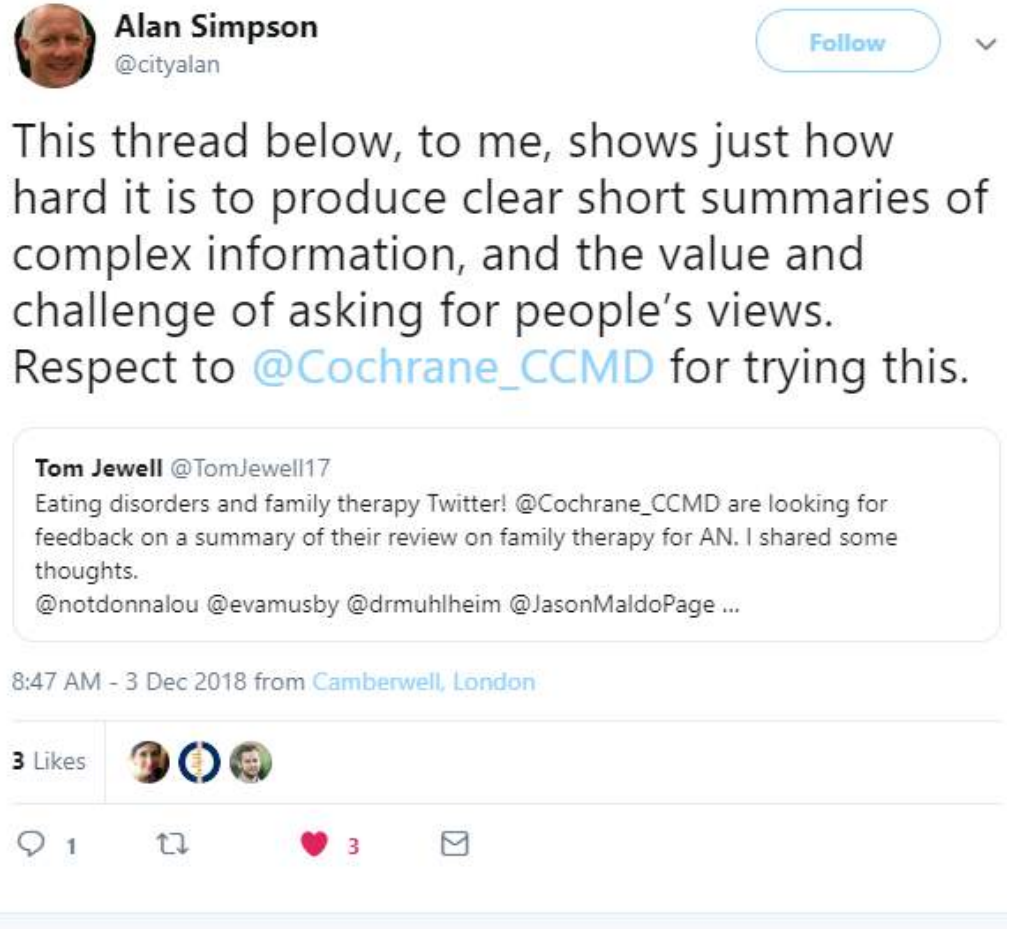
Mental health prevention with digital technologies



What is the reality?

How hard is it to produce clear short summaries of complex information?

CCMD's learning from our first try at visualizing our reviews




A screenshot of a Twitter thread. The main tweet is by Alan Simpson (@cityalan), who says: "This thread below, to me, shows just how hard it is to produce clear short summaries of complex information, and the value and challenge of asking for people's views. Respect to @Cochrane_CCMD for trying this." Below this is a quoted tweet from Tom Jewell (@TomJewell17) which says: "Eating disorders and family therapy Twitter! @Cochrane_CCMD are looking for feedback on a summary of their review on family therapy for AN. I shared some thoughts. @notdonnalou @evamusby @drmuhlheim @JasonMaldoPage ...". The tweet is timestamped "8:47 AM - 3 Dec 2018 from Camberwell, London" and has 3 likes.





Alan Simpson @cityalan [Follow](#)

This thread below, to me, shows just how hard it is to produce clear short summaries of complex information, and the value and challenge of asking for people's views. Respect to [@Cochrane_CCMD](#) for trying this.

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[@notdonnalou](#) [@evamusby](#) [@drmuhlheim](#) [@JasonMaldoPage](#) ...

8:47 AM - 3 Dec 2018 from [Camberwell, London](#)

3 Likes 

 1   3 

How did we do it?

In partnership with a graphic designer



**NIFTY FOX
CREATIVE**

think visually to think differently

using the power of pictures to tell stories, engage audiences and get stuff done



Cochrane
Common Mental
Disorders

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- 2. Why visual storytelling? - *Laura***
3. How to? - 3 case studies
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WHY
VISUAL
storytelling ?



Have you done anything like this before?



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1. WHAT questions does the review ask?

One e-health intervention may be **BETTER** than other treatments for anxiety and depression in children and adolescents with long-term physical conditions or more likely to develop psychological problems.

2. WHY is this important?

Children and adolescents with long-term physical conditions are more likely to develop psychological problems.

3. WHAT does the evidence tell us?

There is **NOT ENOUGH** evidence to tell us whether e-health interventions for anxiety and depression in children and adolescents with long-term physical conditions are better than other treatments.

4. WHAT NOW?


It is **TOO EARLY** to know whether e-health interventions for anxiety and depression in children and adolescents with long-term physical conditions are better than other treatments. **MORE RESEARCH IS NEEDED.**

E-HEALTH INTERVENTIONS FOR ANXIETY & DEPRESSION IN CHILDREN AND ADOLESCENTS WITH LONG-TERM PHYSICAL CONDITIONS

DOI: 10.1002/14651858.CD012489.pub2

1. Instagram Post

Family therapy approaches for anorexia nervosa



ANOREXIA NERVOSA (AN)
AN is an eating disorder caused by an intense fear of gaining weight. People with AN feel compelled to keep their body weight as low as possible (for example, by not eating enough and/or exercising excessively).

THE FAMILY ENVIRONMENT
There is evidence to suggest that family factors (such as parenting styles) can sometimes be associated with the presence of AN. The family environment can also be an important factor in recovery.

FAMILY THERAPY APPROACHES
Family therapy approaches are one form of treatment used in AN, and include a range of approaches that involve the family in treatment. Family therapy approaches take various forms, some of which are more formal and aim to address those processes that may sustain AN.

COCHRANE
Cochrane publishes systematic reviews and provides a robust summary of the evidence for health-related questions. Cochrane reviews also help readers to decide whether the body of research is trustworthy by discussing the quality of the evidence.

Why is this important?

People with AN often experience related medical & psychological problems and are at risk of dying from the disease.

Family therapy approaches are one form of treatment for AN. It is important to know whether family involvement in therapy is beneficial to those with AN, & what other aspects this involvement might have.

How does the research help?

Health care providers and those with lived experience of AN need to know the evidence for the effectiveness of family therapy approaches is low quality.

Can we trust the evidence?

There is **INSUFFICIENT** evidence to be able to determine whether family therapy might work better for AN than other educational and psychological interventions. **These comparisons are of high research quality.**

Why is this important?

There is **SOME** evidence to suggest that family therapy approaches may be better than standard or routine treatments in the short term. To help decision making we also want to understand how different family therapy approaches compare with one another or with other AN treatments.

However, there is **NOT ENOUGH** evidence to tell us whether family therapy approaches offer any advantage over educational interventions or other types of psychological therapy, or whether one type of family therapy approach is better than another.

What does the evidence tell us?

There was a **HIGH RISK** that the people conducting the trials could have been biased towards only reporting positive outcomes.

25 trials contributed to this review, but the people conducting the trials did not always clearly explain how they did the trial. This means it is unclear whether we can have confidence in their findings.

COCHRANE
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Fisher CA, Skolic S, Rutherford KA, Hetrick SE. Family therapy approaches for anorexia nervosa. Cochrane Database of Systematic Reviews 2018, Issue 10. DOI:10.1002/14651858.CD004780.pub3

2. One Pager

Cochrane Common Mental Disorders

OUR VISION

Trusted evidence. Informed decisions. Better health.

Cochrane Common Mental Disorders is a community of people working together to help put trusted evidence at the heart of healthcare decisions for people with common mental disorders. Through partnership and collaboration our vision is to: ask the right questions (driven by our stakeholders needs including those with lived experience); employ the right methods to answer those questions; and get the best evidence to those who need it.

THE GALAXY OF COCHRANE

COCHRANE CENTRAL EXECUTIVE TEAM
SATELLITE-CMD CHILDREN AND YOUNG PEOPLE, NEW ZEALAND
EDITORIAL BASE
STEERING OUR CONTENT
REVIEW AUTHORS
PRODUCTION & PUBLISHING
OUR PARTNERSHIPS
CONTENT & STATISTICAL EDITORS
PEER REVIEWERS
COCHRANE METHODS
COCHRANE UK
SATELLITE-GLOBAL MENTAL HEALTH, ITALY
SATELLITE-CMD SUICIDE & SELF HARM, WALES

OUR CORE AUDIENCE

COCHRANE EVIDENCE
COCHRANE TOOLS
COCHRANE REVIEWS
COCHRANE METHODS
COCHRANE PARTNERSHIPS
COCHRANE UK
COCHRANE METHODS
COCHRANE UK
SATELLITE-GLOBAL MENTAL HEALTH, ITALY
SATELLITE-CMD SUICIDE & SELF HARM, WALES

cmd.cochrane.org/

3. Galaxy of CCMD

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Text: less is more (100 words)

What do others think? Authors, people with lived experience

Our branding

1. What questions does the review ask?

NIGHTMARES
NEGATIVE THOUGHTS
DIFFICULTY SLEEPING
PROBLEMS CONCENTRATING

Post-traumatic stress disorder (PTSD) is a common mental illness that CAN OCCUR AFTER A SERIOUS TRAUMATIC EVENT.

We tried to find out if INTERNET BASED COGNITIVE AND BEHAVIOURAL THERAPIES (I-C/BT) WAS MORE EFFECTIVE THAN NO THERAPY (WAITING LIST) OR OTHER ONLINE PSYCHOLOGICAL THERAPIES IN REDUCING PTSD.

2. Why is this important?

FLASH BACKS
FEELING ON EDGE
FEELING ANGRY

PTSD CAN BE TREATED EFFECTIVELY WITH COGNITIVE BEHAVIOURAL THERAPY (CBT) but there are a LIMITED NUMBER OF QUALIFIED THERAPISTS who are able to deliver it. There are also OTHER FACTORS THAT LIMIT ACCESS TO TREATMENT, such as taking time off work to attend appointments.

3. What does the evidence tell us?

- Very **LOW-QUALITY EVIDENCE** from eight studies found that I-C/BT WAS MORE EFFECTIVE THAN NO THERAPY AT REDUCING SYMPTOMS OF PTSD.
- Very **LOW-QUALITY EVIDENCE** from two studies found NO SIGNIFICANT DIFFERENCE BETWEEN I-C/BT AND ANOTHER TYPE OF PSYCHOLOGICAL THERAPY DELIVERED ONLINE.

4. What now?

The current **EVIDENCE BASE IS SMALL**. MORE STUDIES ARE NEEDED to decide if I-C/BT should be used routinely for the treatment of PTSD.

INTERNET BASED Cognitive & behavioural THERAPIES FOR POST TRAUMATIC STRESS DISORDER - IN - ADULTS

Cochrane Common Mental Disorders

DOI: 10.1002/14651858.CD011710.pub2

What does patient look like?

What does treatment look like?

Where to find more details?

NEW BLOG

I want to do my bit to end the lingering stigma

Quote from our latest blog by Harej Morley

1. WHAT questions does the review ask?

Do E-HEALTH INTERVENTIONS BEYOND TRANSDUCER-BASED STIMULI AND SENSORS WITH CLINICAL AND PSYCHOLOGICAL COMPONENTS?

2. WHY is this important?

Children and adolescents with long-term physical conditions are more likely to develop psychological problems.

3. WHAT does the evidence tell us?

There is insufficient evidence to support the use of E-HEALTH INTERVENTIONS FOR ANXIETY AND DEPRESSION.

4. WHAT NOW?

IT IS TOO EARLY TO KNOW WHETHER E-HEALTH INTERVENTIONS FOR ANXIETY AND DEPRESSION IN CHILDREN AND ADOLESCENTS WITH LONG-TERM PHYSICAL CONDITIONS OF VARIOUS TYPES, BUT FURTHER RESEARCH IS NEEDED.

E-HEALTH INTERVENTIONS FOR ANXIETY & DEPRESSION IN CHILDREN AND ADOLESCENTS WITH LONG-TERM PHYSICAL CONDITIONS

Cochrane Common Mental Disorders
DOI: 10.1002/14651858.CD012489.pub2

Find us on YouTube

Psychological therapies for depression in chronic obstructive pulmonary disease

New review assesses the evidence and asks which psychological therapy is effective

#COCHRANEVIDENCE

1. What questions does the review ask?

Does transcranial magnetic stimulation (TMS) as a treatment for depression in people with chronic obstructive pulmonary disease (COPD) have any benefits or risks compared to other psychological therapies?

2. Why is this important?

PEES CAN BE TREATED WITH COGNITIVE BEHAVIOURAL THERAPY (CBT) BUT THERE ARE A LIMITED NUMBER OF QUALIFIED THERAPISTS WHO ARE ABLE TO DELIVER IT. THERE ARE ALSO OTHER TREATMENTS, SUCH AS SELF-HELP, THAT MAY BE AVAILABLE TO AVOID APPOINTMENTS.

3. What does the evidence tell us?

• Very low-quality evidence from eight studies found that TMS had more effective than no treatment or placebo for people with COPD.

• Very low-quality evidence from two studies found no important difference between TMS and another type of psychological therapy (cognitive-behavioural therapy).

4. What now?

The current evidence base is small and of low quality. A decision on whether to use TMS should be based on the treatment of PEES.

INTERNET BASED COGNITIVE BEHAVIOURAL THERAPY FOR PEOPLE WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Cochrane Common Mental Disorders
DOI: 10.1002/14651858.CD011710.pub2

YORKTALKS 2019

Experts, who needs experts? Mental health and the need for unbiased information

RACHEL CHURCHILL, CO-ORDINATING EDITOR

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Family therapy approaches for anorexia nervosa



ANOREXIA NERVOSA (AN)

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THE FAMILY ENVIRONMENT

There is evidence to suggest that family factors (such as parenting styles) can sometimes be associated with the presence of AN. The family environment can also be an important factor in recovery.

FAMILY THERAPY APPROACHES

'Family therapy approaches' are one form of treatment used in AN, and include a range of approaches that involve the family in treatment. Family therapy approaches take various forms, some of which are more formal and aim to address those processes that may sustain AN.

COCHRANE

Cochrane publishes systematic reviews and provides a robust summary of the evidence for health related questions. Cochrane reviews also help readers to decide whether the body of research is trustworthy by discussing the quality of the evidence.

Why is this important?

People with AN often **EXPERIENCE RELATED MEDICAL & PSYCHOLOGICAL PROBLEMS AND ARE AT RISK OF DYING** from the disease.

FAMILY THERAPY APPROACHES ARE ONE FORM OF TREATMENT FOR AN. It is important to know **WHETHER FAMILY INVOLVEMENT IN THERAPY IS BENEFICIAL TO THOSE WITH AN,** & what other effects this involvement might have.

This **COCHRANE REVIEW INVESTIGATES WHETHER FAMILY THERAPY APPROACHES REDUCE RATES OF AN,** or associated symptoms, compared to other treatments.



What does the evidence tell us?

There is **SOME EVIDENCE** to suggest that family therapy approaches **MAY BE BETTER THAN STANDARD OR ROUTINE TREATMENTS IN THE SHORT TERM.** To help decision making we also want to understand how different **FAMILY THERAPY APPROACHES COMPARE WITH ONE ANOTHER OR WITH OTHER AN TREATMENT.**

However, there is **NOT ENOUGH EVIDENCE** to tell us whether family therapy approaches **OFFER ANY ADVANTAGE OVER EDUCATIONAL INTERVENTIONS OR OTHER TYPES OF PSYCHOLOGICAL THERAPY,** or whether **ONE TYPE OF FAMILY THERAPY APPROACH IS BETTER THAN ANOTHER.**



How does the research help?

Health care providers and those with lived experience of AN need to know **THE EVIDENCE FOR THE EFFECTIVENESS OF FAMILY THERAPY APPROACHES IS LOW QUALITY.**

There is **INSUFFICIENT EVIDENCE TO BE ABLE TO DETERMINE WHETHER FAMILY THERAPY MIGHT WORK BETTER** for AN than other educational and psychological interventions.

This also shows funders **THAT GOOD RESEARCH MAKING THESE COMPARISONS IS MUCH NEEDED.**



Can we trust the evidence?

RANDOMIZED CONTROL TRIALS (RCTS) are the best way to robustly test whether an intervention works. The evidence from **RCTS ADDRESSING THIS QUESTION** was judged to be **LOW QUALITY.**



25 trials contributed to this review, but the **PEOPLE CONDUCTING THE TRIALS DID NOT ALWAYS CLEARLY EXPLAIN HOW THEY DID THE TRIAL.** This means it is unclear whether we can have confidence in their findings.

There was a **HIGH RISK THAT THE PEOPLE CONDUCTING THE TRIALS COULD HAVE BEEN BIASED** towards only reporting positive outcomes.

Family therapy approaches for

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FAMILY THERAPY APPROACHES ARE ONE FORM OF TREATMENT FOR AN. It is important to know WHETHER FAMILY INVOLVEMENT IN THERAPY IS BENEFICIAL TO THOSE WITH AN, & what other effects this involvement might have.

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recovery.

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Family therapy approaches for anorexia nervosa



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AN is an eating disorder caused by not gaining weight. People with AN feel their body weight as low as possible, not eating enough and/or exercising too much.

THE FAMILY ENVIRONMENT
There is evidence to suggest that parenting styles can be associated with the presence of AN. The family environment can also be an important factor in recovery.

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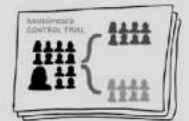
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This is NOT TRUE. THESE



What does the evidence tell us?

RANDOMIZED CONTROLLED TRIALS (RCTS)
RCTs robustly test whether an intervention works. The quality of the evidence was assessed using the GRADE system.



Some authors contributed to this review, but the majority of the PEOPLE CONDUCTING THE TRIALS DID NOT CLEARLY EXPLAIN HOW THEY DID THE TRIALS. This means it is unclear whether the results are trustworthy. We do not have confidence in their results.

There was a HIGH RISK THAT THE PEOPLE CONDUCTING THE TRIALS COULD HAVE BEEN BIASED towards only reporting positive outcomes.



We also got input from...

- Authors
 - Editors with experience of subject area
 - Perspective of those with lived experience, including carers
-
- Drafted and redrafted working through a number of iterations



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How does the research help?

Health care providers and those with lived experience of AN need to know **THE EVIDENCE FOR THE EFFECTIVENESS OF FAMILY THERAPY APPROACHES IS LOW QUALITY.**

There is **INSUFFICIENT EVIDENCE TO BE ABLE TO DETERMINE WHETHER FAMILY THERAPY MIGHT WORK BETTER** for AN than other educational and psychological interventions.

This also shows funders **THAT GOOD RESEARCH MAKING THESE COMPARISONS IS MUCH NEEDED.**



Can we trust the evidence?

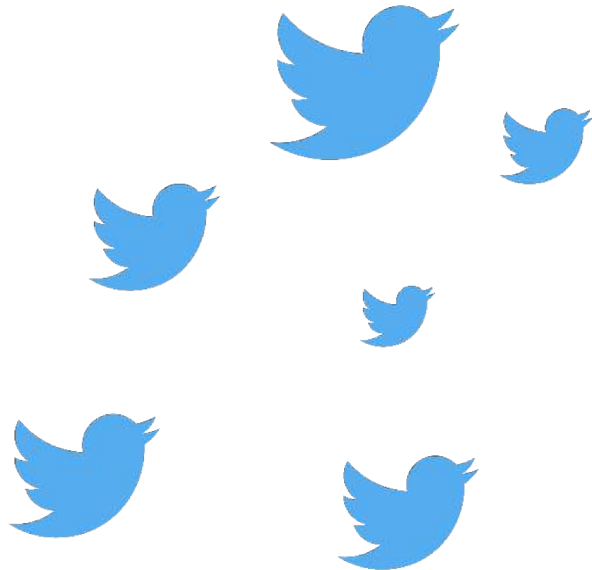
RANDOMIZED CONTROL TRIALS (RCTS) are the best way to robustly test whether an intervention works. The evidence from **RCTS ADDRESSING THIS QUESTION** was judged to be **LOW QUALITY.**



25 trials contributed to this review, but the **PEOPLE CONDUCTING THE TRIALS DID NOT ALWAYS CLEARLY EXPLAIN HOW THEY DID THE TRIAL.** This means it is unclear whether we can have confidence in their findings.

There was a **HIGH RISK THAT THE PEOPLE CONDUCTING THE TRIALS COULD HAVE BEEN BIASED** towards only reporting positive outcomes.

Tell us what you think?



ions

Messages



Search Tw

Cochrane CMD @Cochrane_CCMD · 30 Nov 2018

We turned our new review 'Family therapy approaches for anorexia nervosa' into a 1-pager. Tell us what you think? Download: ow.ly/kXq550jPLiM Read here: ow.ly/IDSy50jPLkU @CochraneUK #anorexiannervosa #eatingdisorders #cochraneevidence

Family therapy approaches for anorexia nervosa

Why is this important?

People with AN often experience related medical & psychological problems and are at risk of dying from the disease.

FAMILY THERAPY APPROACHES ARE ONE FORM OF TREATMENT FOR AN. IT IS IMPORTANT TO KNOW WHETHER FAMILY INVOLVEMENT IN THERAPY IS BENEFICIAL TO THOSE WITH AN & WHAT OTHER EFFECTS THIS INVOLVEMENT MIGHT HAVE.

THE COCHRANE REVIEW INVESTIGATES WHETHER FAMILY THERAPY APPROACHES IMPROVE RATES OF AN OR ASSOCIATED SYMPTOMS, COMPARED TO OTHER TREATMENTS.

What does the evidence tell us?

There is some evidence to suggest that family therapy approaches may be better than standard or no-treatment approaches in the short-term. To help decision making, we also want to understand how different family therapy approaches compare with one another or with other AN treatment.

However, there is not enough evidence to tell us whether family therapy approaches offer any advantage over educational interventions or other types of psychological therapy, or whether one type of family therapy approach is better than another.

How does the research help?

Health-care providers and those with lived experience of AN need to know the evidence for the effectiveness of family therapy approaches in AN. **QUALITY.**

There is insufficient evidence to be able to determine whether family therapy might work better for AN than other educational and psychological interventions.

This also shows providers that good research needs supplementary research studies.

Can we trust the evidence?

Randomised controlled trials (RCTs) are the best way to reliably test whether an intervention works. The evidence from RCTs addressing this question was judged to be low quality.

25 trials contributed to this review, but the review conducted the trials so only 8 were clearly certain how they did the trial. This means it is unclear whether we can have confidence in their findings.

There was a high risk that the review conducted the trials could have been biased towards only reporting positive outcomes.

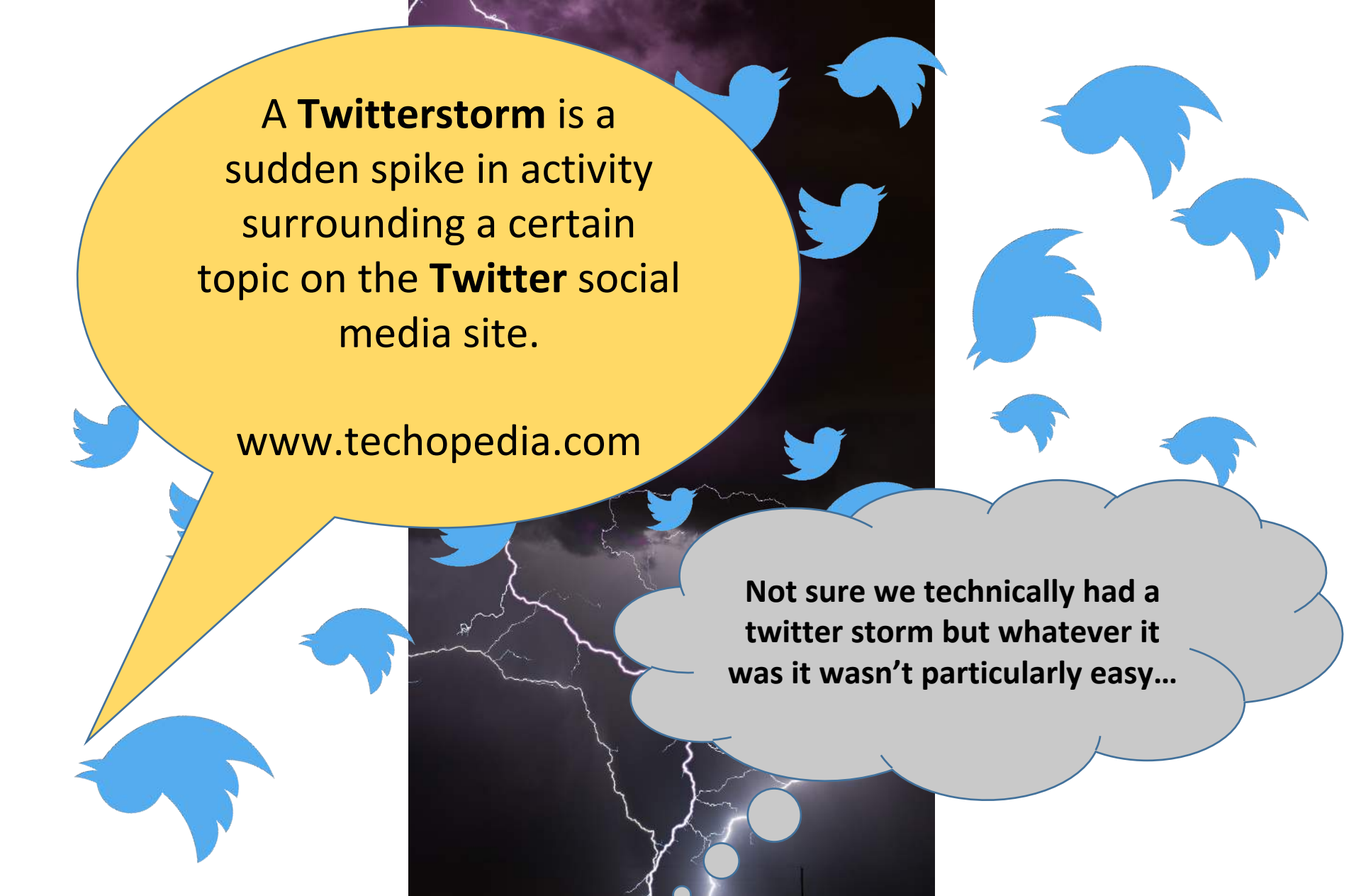
COCHRANE
Cochrane publishes systematic reviews and provides a reliable summary of the evidence for health-care decisions. Cochrane reviews also include an 'evidence certainty' table to help you understand the quality of the evidence.

Dolan C, Shole K, Rotherford KA, Hatters G. Family therapy approaches for anorexia nervosa. Cochrane Database of Systematic Reviews 2018, Issue 11. DOI:10.1002/14631858.cd010476.pub3

27 20 26

You Retweeted





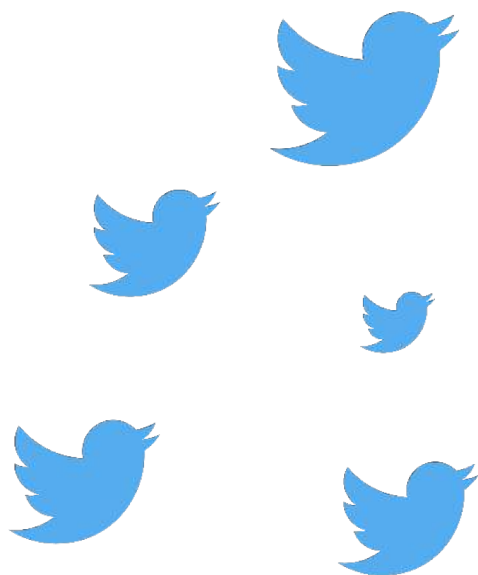
A **Twitterstorm** is a sudden spike in activity surrounding a certain topic on the **Twitter** social media site.

www.techopedia.com


Not sure we technically had a twitter storm but whatever it was it wasn't particularly easy...



Tell us what you think?




27 20 26

 **Sarah K Reece** @sarahkreece · 2 Dec 2018

Who is this intended for? The idea is great... If the general public, the term 'bias' will confuse and mislead. It's also misleading in comparing something with poor evidence against something else (TAU) with poor evidence without making that clear.



1 1

 **Sarah K Reece** @sarahkreece [Follow](#)

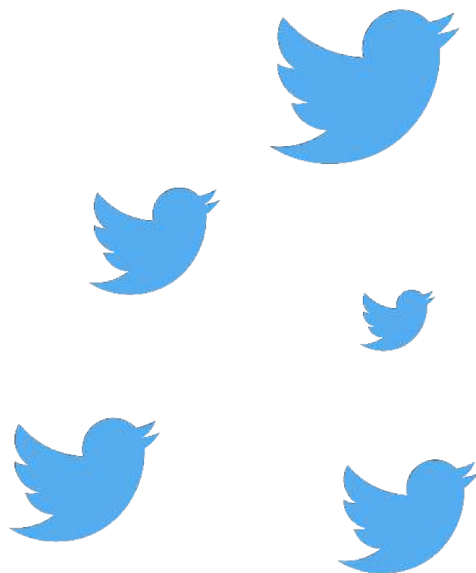
Replying to @sarahkreece @Cochrane_CCMD @CochraneUK

The lack of defining of FBT is also an issue, as is the lack of clarity that your review doesn't indicate that FBT isn't effective, merely that the research is lacking - so people who would welcome your conclusion (more research!) are dismayed and upset instead.

1:02 AM - 2 Dec 2018

2 Likes  

Tell us what you think?



1 1 6

Tom Jewell @TomJewell17 · 2 Dec 2018
The line about addressing processes that may sustain AN is problematic. Especially following on from the earlier line about the family environment, it all seems to imply a very 1970s conception of family therapy for AN: that it is a treatment of dysfunctional families.

1 1 9

Tom Jewell @TomJewell17 · 2 Dec 2018
Family therapy for AN has a particular history around parent-blaming narratives, and currently this summary pushes a few wrong buttons. There are lots of people who could help tweak this, including my colleagues at the Maudsley adolescent ED team. Would be happy to help! 😊

1 2 13

Em @DrEm_79 · 2 Dec 2018
These are great points made by @TomJewell17.

As someone with lived experience of AN I have a few suggestions too:
-Sentence 1 isn't right for everyone with AN.
-The informal font mixed with capitals seems to trivialise AN. It's also hard to speed read/and has poor accessibility.

2 3

Cochrane CMD @Cochrane_CCMD · 2 Dec 2018
Thanks for taking the time to look at this and providing detailed feedback for us. It is really valuable to us for this piece of work and more broadly.

But when people do tell you what they think.... and you asked them to... own the conversation



How hard is it to produce clear short summaries of complex information?

- Pretty hard
- Harder than we thought it would be
- Harder than it seems to other people
- Takes a lot of time and energy
- Twitter is a scary at times



Alan Simpson

@cityalan

Follow

This thread below, to me, shows just how hard it is to produce clear short summaries of complex information, and the value and challenge of asking for people's views. Respect to [@Cochrane_CCMD](#) for trying this.

Tom Jewell @TomJewell17

Eating disorders and family therapy Twitter! @Cochrane_CCMD are looking for feedback on a summary of their review on family therapy for AN. I shared some thoughts.

@notdonnalou @evamusby @drmulheim @JasonMaldoPage ...

8:47 AM - 3 Dec 2018 from [Camberwell, London](#)

3 Likes



1



3



1. Introduction – why bother?

2. Why visual storytelling?

3. How to? - 3 case studies

- 'A review in an insta'

- The 1-pager

- **Galaxy of Cochrane and CCMD - *Laura***

4. Challenges and learning

5. Where next?



Cochrane Common Mental Disorders is a community of people working together to help put trusted evidence at the heart of healthcare decisions for people with common mental disorders. Through partnership and collaboration our vision is to: ask the right questions (driven by our stakeholders needs including those with lived experience); employ the right methods to answer those questions; and get the best evidence to those who need it.

THE GALAXY OF COCHRANE

OUR CORE AUDIENCE



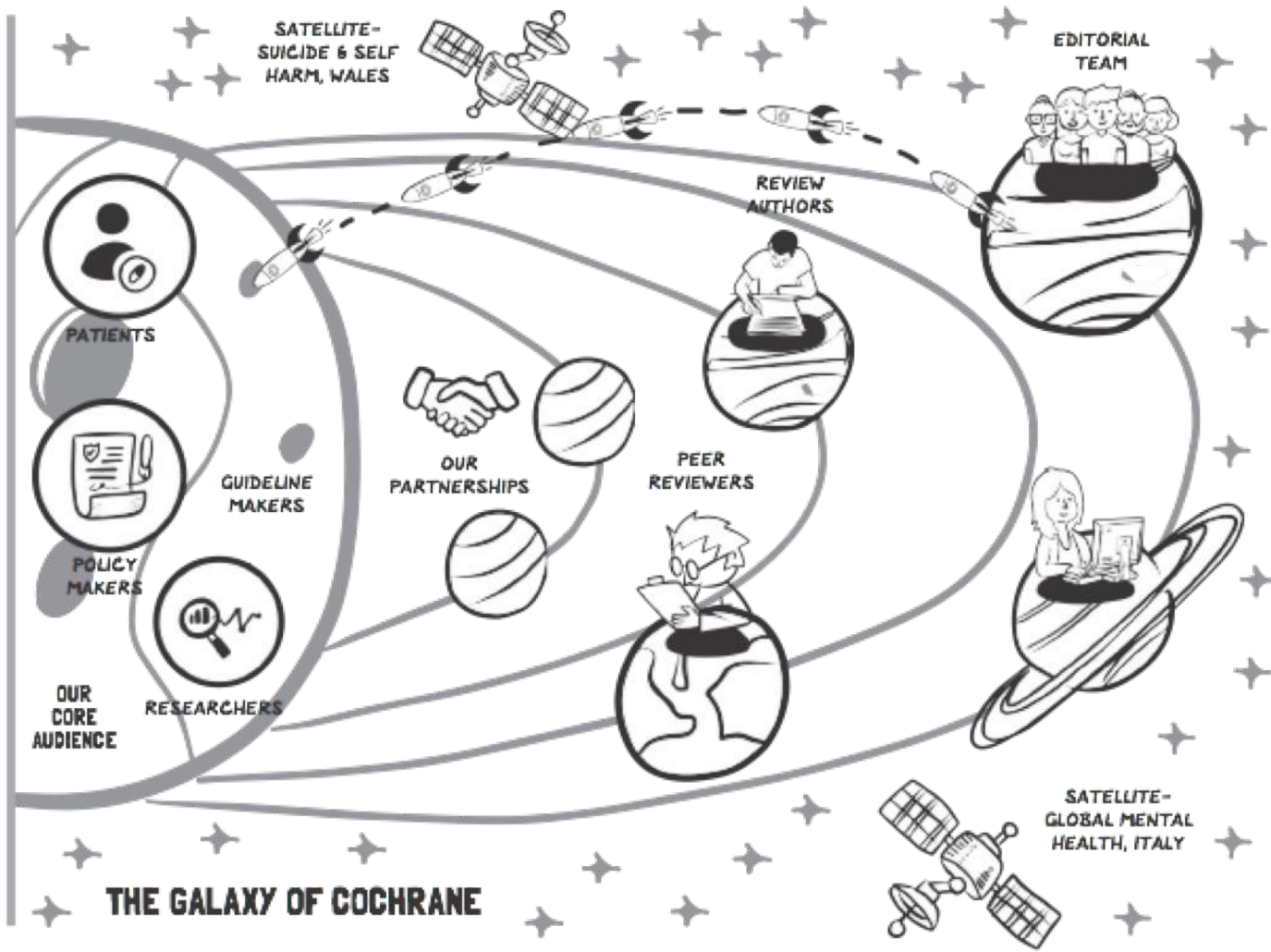
OUR VISION

To be more interconnected, to ask better questions & to be more useful to our stakeholders

Our vision is to ask better questions to create systematic reviews that are relevant and useful to our audience's decision making.

We'll do this by identifying evidence gaps, refining research questions and co-producing reviews through new and more productive connections with our audience and research stakeholders.

This diagram illustrates the future of the Cochrane CMD solar system and our focus on developing partnerships that place our consumers at the heart of our systematic reviews.



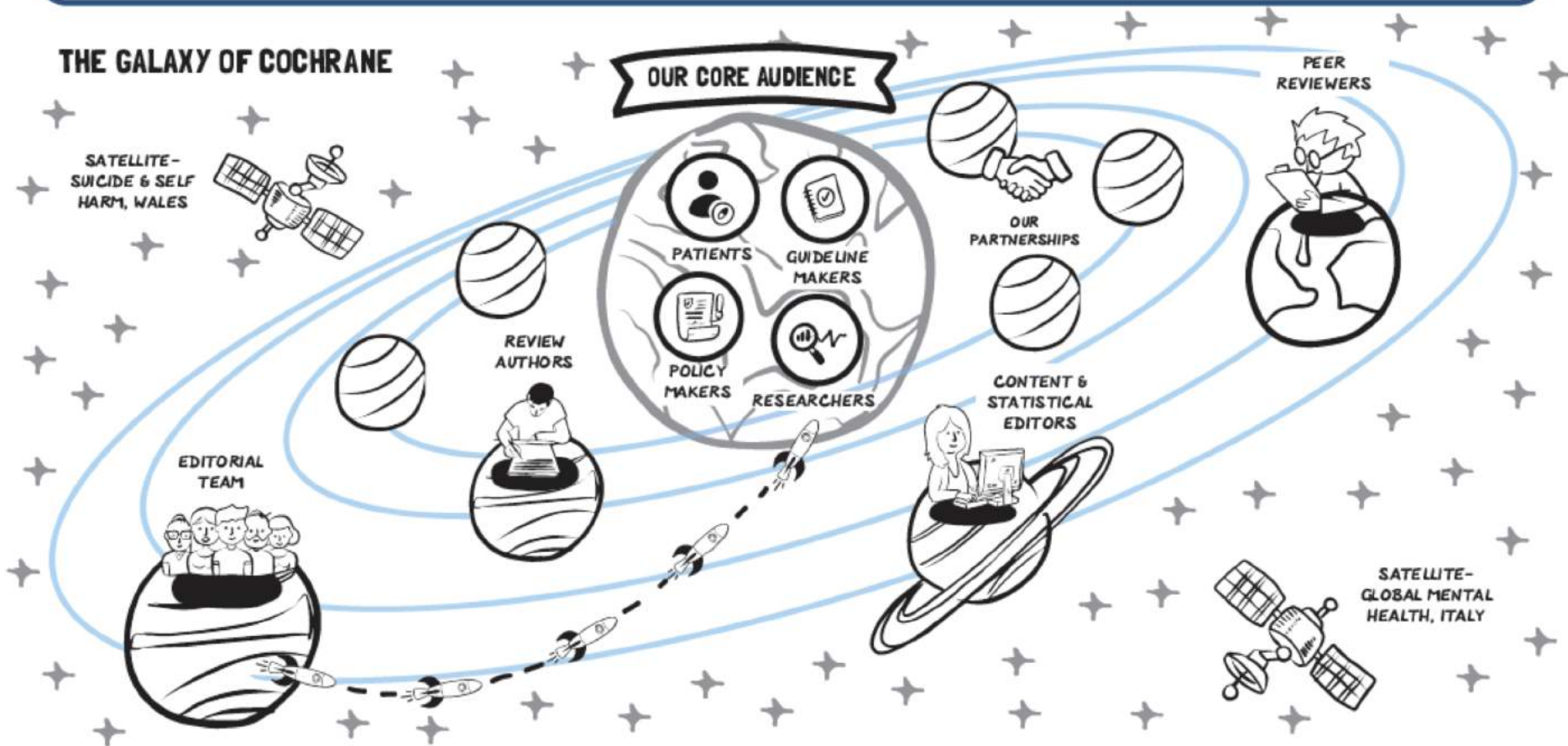


OUR VISION

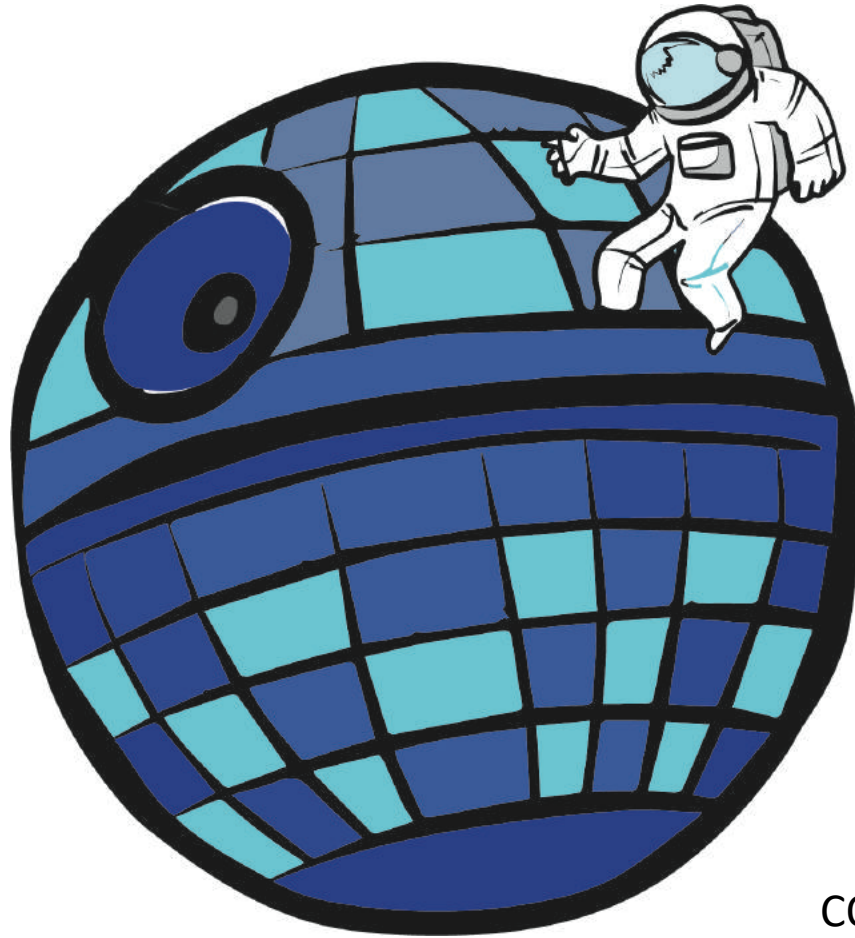
To be more interconnected, to ask better questions & to be more useful to our stakeholders

SIMPLE STATEMENT OF VISION HERE - AROUND 70 WORDS TO PLAY WITH

THE GALAXY OF COCHRANE



Challenge of hidden meaning!



COCHRANE DEATH STAR!



Cochrane Common Mental Disorders is a community of people working together to help put trusted evidence at the heart of healthcare decisions for people with common mental disorders. Through partnership and collaboration our vision is to: ask the right questions (driven by our stakeholders needs including those with lived experience); employ the right methods to answer those questions; and get the best evidence to those who need it.

THE GALAXY OF COCHRANE

OUR CORE AUDIENCE



1. Introduction – why bother?
2. Why visual storytelling?
3. How to? - 3 case studies
 - ‘A review in an insta’
 - The 1-pager
 - Galaxy of Cochrane and CCMD
4. **Challenges and learning – *Laura, Lindsay, Noortje***
5. Where next?



What is stopping you from trying this?



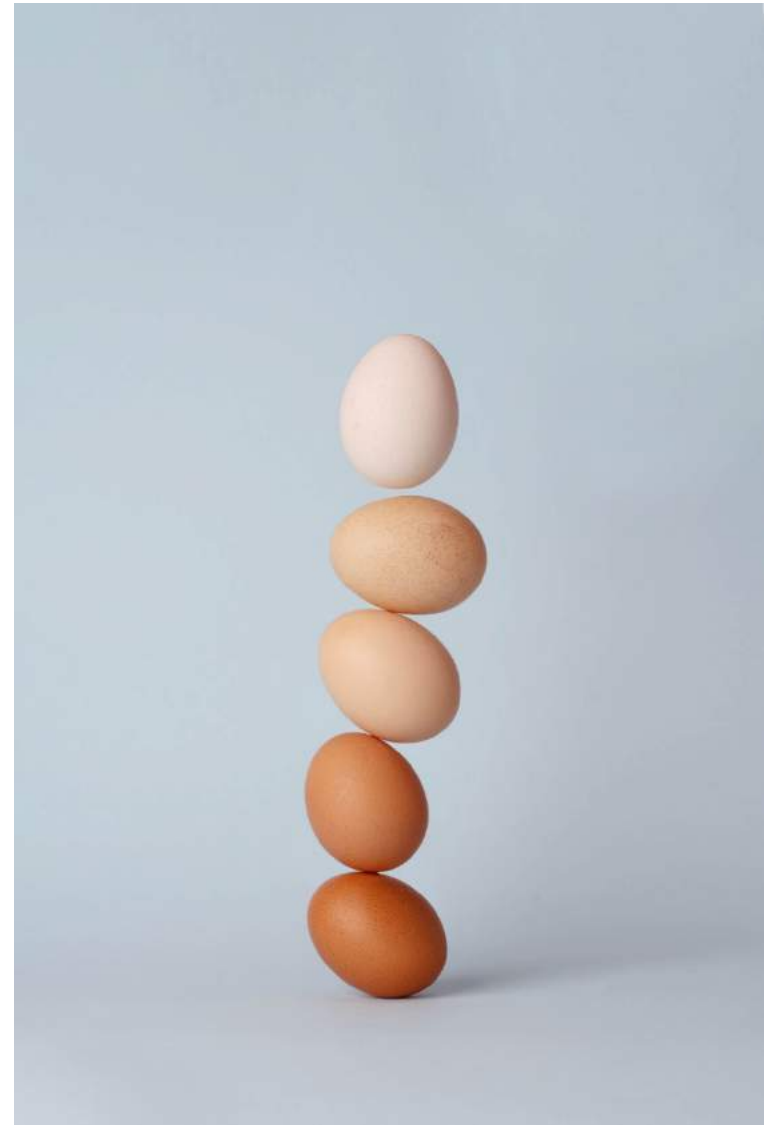
Challenges – From the perspective of a designer

- *Brevity – what is important?*
- *Recognisable cultural tropes vs stereotypes*
- *Representing serious conditions positively*
- *Diversity without tokenism*
- *Defining a process*
- *Developing trust*



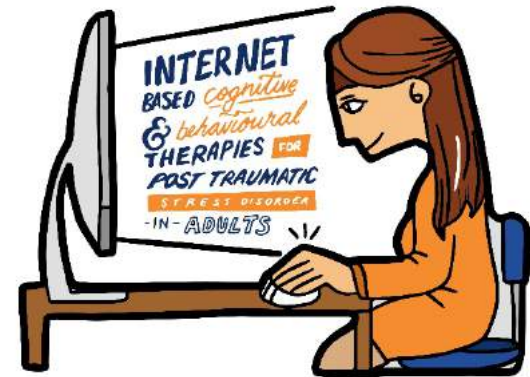
Challenges – *From the perspective of a review author*

- *PLS only simpler*
- *Fewer subheadings*
- *Limited text*
- *Pictures in place of text*
- *Don't forget to present the findings!*



Challenges – From the perspective of a review author

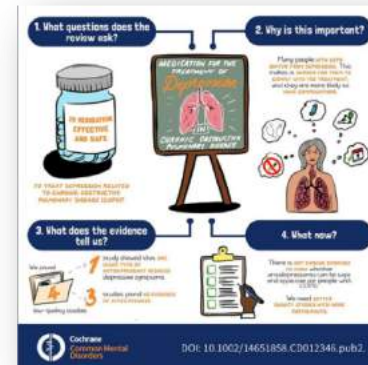
- *Mental health: broad topic – pros and cons*
- *Sensitive and emotive*
- *Pictures could cause offence*
- *Work with those with lived experience*
- *Feedback from co-authors*
- *Social media feedback*



Challenges - Reaching a wider audience with limited time and resources

It DOES take time and we DO need more resources but:

- You will get quicker with practice
- Repurpose images and stories
- Share the burden and responsibility
- Make use of free resources: Canva, Hootsuite, Unsplash, #scicomm on Twitter



1. Introduction – why bother?
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5. **Where next? - Jess**



Where next?

Keep learning

- Repackaging graphics to use on multiple platforms



Next 12 months?

- Document the process
- Write-up our experience
- **Cochrane**
- Evaluate – Not sure how yet?
- Build in more input from those with lived experience
- Trying more animation
- Video based materials



Free resources we find helpful

- **Unsplash.com** is a database of free high quality photographs
- **Canva.com** has many templates and layouts to create social media posts easily. We are happy to share some of ours to get you started.
- **Twitter 'Analytics' page** to see what works well and what doesn't, who your followers are, and how often people look at your profile.
- **Followerkwonk.com** has more tools to analyse your Twitter account. See where in the world your followers are, and whether the times of day you tweet match up with when your followers are on Twitter.
- Follow **#scicomm** on Twitter to see how scientists communicate evidence. Also helps to reach more followers yourself, find resources, and discuss ideas.
- **Hootsuite.com** to manage multiple social media platforms and schedule posts.

How to connect with us



[@Cochrane_CCMD](#)

[@NiftyFoxCreativ](#) [@Lindsayccmd](#) [@username_Jess](#) [@NoortjeUphoff](#)



[commonmentaldisorders_Cochrane](#)



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NIHR | National Institute
for Health Research

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The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Systematic Reviews Programme, NIHR, NHS or the Department of Health and Social Care.