
Plan Overview

A Data Management Plan created using DMPonline

Title: Improving Mental Health Pathways through Co-Production (IMPACT-IBD)

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Template: The University of Sheffield Research DMP

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Project abstract:

Background: People living with Inflammatory Bowel Disease (IBD) experience a high burden of psychological comorbidities, yet access to integrated mental health support within UK healthcare services is inconsistent and often inadequate. National standards advocate for integrated psychological care, but significant barriers prevent its effective delivery, leading to inequalities in service provision and unmet patient needs. There is a clear need to develop patient-centred, feasible, and effective service pathways.

Aims: The IMPACT-IBD study aims to explore the experiences of accessing mental health support for IBD from the perspectives of patients, clinicians, and mental health professionals. The primary objective is to use these insights to co-design actionable recommendations for improving mental health service pathways within the NHS.

Methods: This study will employ a participatory, experience-based co-design methodology. A public and patient involvement (PPI) group has been established to guide the research from its inception. The core data collection will consist of four remote co-design workshops. These workshops will separately engage people with IBD (n=10) and a group of clinicians and mental health professionals (n=20) to identify priorities and barriers, before bringing all stakeholders together to align perspectives and co-develop solutions. Qualitative data from workshop discussions and visual outputs will be analysed thematically.

Anticipated Outcomes: The project will produce a report detailing the co-produced recommendations for improving access to mental health support for people with IBD. This foundational work will inform the development of a future, larger-scale project aimed at implementing and evaluating a co-designed service intervention. This study will ensure that the voices of those with lived experience are central to creating more responsive and effective mental health care for the IBD community.

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Improving Mental Health Pathways through Co-Production (IMPACT-IBD)

Defining your data

- What digital data (and physical data if applicable) will you collect or create during the project?
- How will the data be collected or created, and how will you assure the quality of your data collection and processing?
- Approximately how much digital data will be generated (in GB, MB, etc), and what formats will they be in (e.g. .docx, .txt, .jpeg)?
- Are you using pre-existing datasets? Give details if possible, including conditions of use.

Notes from workshops of participant accounts will be collected

Audio recording (digital data) and transcripts from the workshops will be collected. This will be collected via Google Meet

Approximately 8 hours of recordings will be collected

Looking after data during your research

- Where will you store digital data during the project to ensure it is secure and backed up regularly? ([University research storage](#))
- How will you name and organise your data files?
- If you collect or create physical data, where will you store these securely?
- Will you use extra security precautions for any of your digital or physical data? (E.g. for sensitive and/or personal data)
- What metadata/documentation will you create for your data? (E.g. a README file including methodology and file structure; descriptive metadata to enable discovery in a data repository)

Digital data will be stored on a secure University of Sheffield Google Drive.

Data will be secured and the folder storing the recordings of the workshops will only be accessible to the research team.

Files will be named by workshop number and date

Notes from the workshops will be typed up and saved on the Sheffield Google Drive with an encrypted password

All personal information (e.g. names, residential area) will be removed from the notes.

Storing data after your research

- Which data supporting your research conclusions will be stored on a long-term basis after the end of the project?

- Where will the data be stored after the project (e.g. University of Sheffield repository [ORDA](#), or a subject-specific repository) and for how long (e.g. standard TUoS retention period of minimum 10 years after the project)?
- Will your chosen long-term data storage incur any financial costs?

Following the completion of the project, all recordings will be deleted from the Sheffield Google Drive (March 2026) as these will not be used.

Notes from the workshops will be deleted from kept for up to 10 years after the project as these will be used to support future projects. These will be held at the University of Sheffield.

Sharing data after your research

- How will you make data available outside of the research group after the project? (E.g. openly available through a repository, or on request through your department)
- Will you make all of your data available, or are there reasons you can't do this? (E.g. personal data, commercial or legal restrictions, very large datasets)
- If you can't share all of your data, how might you make as much of it available as possible? (E.g. anonymisation, participant consent, sharing analysed data only)
- How will you make your data as widely accessible as possible? (E.g. include a data availability statement in publications; ensure published data has a DOI)
- Will there be any delay before making data available? If so, give the reasons for this.

Anonymised notes and key themes taken from the workshops following the completion of the project will be shared on an open research repository (Open Science Framework - OSF) to support open research practices.

Analysed data through the programme logic model will be publically disseminated to support future interventions developed to support mental health access in IBD.

Putting your plan into practice

- Who will be responsible for data management in the project? (There may be more than one person)
- Do you require any extra resources to put your data management plan into practice? Will this incur any financial costs?

Rachel Hawkins is the named person responsible for data management of the project.
No additional resources are anticipated.