Institution: University of Wolverhampton

Unit of Assessment: 4 Psychology, Psychiatry and Neuroscience

Title of case study: Improving mental health policy in statutory and voluntary services

Period when the underpinning research was undertaken: 2008 - 2020

Details of staff conducting the underpinning research from the submitting unit:		
Name(s): Dr Niall Galbraith Dr David Boyda Dr Danielle McFeeters	Role(s) (e.g. job title): Reader in Health Psychology Senior Lecturer in Psychology Senior Lecturer in Psychology	Period(s) employed by submitting HEI: 2008 - Present 2015 - Present 2015 - Present

Period when the claimed impact occurred: 2014 - 2020

Is this case study continued from a case study submitted in 2014? N

1. Summary of the impact

The findings from our published research have been used to develop bespoke training and best practice guidelines in the field of mental health as applied to the wellbeing and working practices of those employed by statutory (e.g. police) and voluntary services. This has led to significant mental health policy changes amongst a number of key frontline organisations, including Health Education England and the charity Buses 4 Homeless. On top of these policy changes, we delivered successful training workshops on mental health and suicide awareness to frontline organisations including the Counter Terrorism Policing Unit, West Midlands; the West Mercia Police and the Black Country Healthcare NHS Trust. This resulted in a better understanding of the previously poorly understood risks apparent for these staff.

2. Underpinning research

Mental health and suicide risks are a key focus of psychology research at University of Wolverhampton. In particular, for more than 10 years our research focusing on the mental health of those in frontline, high-stress roles has allowed us to highlight key barriers and risk factors, specifically for doctors and police, two groups often overlooked in terms of potential mental health issues. Furthermore, our broader research into suicide prevention has developed our understanding of specific risk factors associated with increased suicide incidence, allowing us to better recognise how to reduce suicide amongst the general population.

F1. Mental health in health professionals
In studies of doctors, as many as one third reported that previous mental health difficulties had affected their personal, social and working life [R1]. Few doctors would disclose mental illness to colleagues or other health-professionals, and non-disclosure was associated with concerns about professional standing and confidentiality. Opting for in-patient care was influenced by stigma, career and professional standing. Our studies show that most doctors would rather disclose mental illness to family/friends than to a professional, with worries about career implications being the most common reasons for this [R2]. In the event of needing in-patient care for mental health difficulties, confidentiality concerns would drive most to prefer a distant or a private hospital [R1, R2].

F2. Mental health in police
Doctors are not the only public sector profession to experience organisational barriers to mental health and wellbeing. Our research has explored stress and mental health in contact and dispatch personnel in the UK police. Most research on police mental health focuses on 'frontline' policing and the effects of face-to-face encounters with the general public. We found contact and dispatch

personnel had high levels of occupational stress [R3]. The strongest sources of stress were competing and high demands, low control, insufficient managerial support and workplace change – all of which indicated need for 'urgent action' according to standardised UK benchmarks. Substance use and particularly mental health difficulties were higher than published norms, and higher stress was related to poorer mental and physical health. This is the first study to show the significant physical and mental health risks associated with police contact and dispatch workers – an under-researched population [R3].

F3. Mental health and suicide in the general population
We have conducted research in life-span trauma [R4] and risk factors (e.g. previous victimisation, abuse, trauma or psychotic experiences) that may lead to poor psychological outcomes [R5]. From a clinical perspective, our research highlights the importance of examining large community samples to assess the behaviours associated with poor physical and psychological health. Our work utilises the most up-to-date statistical methodologies in order to reveal these important associations, in particular, latent class analysis. This research has helped to reveal that within larger cohorts, smaller latent groups (e.g. the socially disconnected, sexual abuse victims, etc.) can harbour discrete risk factors for poor physical and psychological health including risk of attempted suicide within the last 12 months [R4, R5, R6]. This work forms a solid foundation for studies of mental health within specific professions or organisations.

3. References to the research
All publications are journal articles which have been subjected to rigorous blind peer-review. The papers all report samples drawn from real-world populations, all with large sample sizes and employing a range of advanced analytical techniques. Other evidence of research quality include:
- R1 was awarded the RO Jones award for best paper at the 2012 Annual Conference of the Canadian Psychiatric Association.
- R1 and R2 are both cited in Dame Clare Gerada's book 'Beneath the White Coat'. Clare Gerada is the founder of Practitioner Health, a mental health service open to 180,000 UK physicians.
- Galbraith was accepted to present the research from R3 at the International Congress of Psychology in 2021, a large, international quadrennial conference of psychology.
- Boyda was invited to present his research related to R4 and R5 at the 14th Annual Suicide Prevention Symposium at the Black Country Healthcare NHS Foundation Trust in 2018 to a group of around 55 GPs and psychiatrists.

R1. Hassan, T. M., Sikander, S., Mazhar, N., Munshi, T., Galbraith, N., & Groll, D. (2013). Canadian psychiatrists' attitudes to becoming mentally ill. *British Journal of Medical Practitioners*, 6(3), a619. https://www.bjmp.org/content/canadian-psychiatrists-attitudes-becoming-mentally-ill.

R2. Hassan, T. M., Ahmed, O., White, A. C., & Galbraith, N. D. (2009). A postal survey of doctors' attitudes to becoming mentally ill. *Clinical Medicine*, 9(4), 327-332. https://www.doi.org/10.7861/clinmedicine.9-4-327.

R3. Galbraith, N., Boyda, D., & Mcfeeters, D., & Galbraith. V. (2020). Patterns of occupational stress in police contact and dispatch personnel: implications for physical and psychological health. *International Archives of Occupational and Environmental Health*. 94, 231-241, https://www.doi.org/10.1007/s00420-020-01562-1.

R4. Burns, C. R., Lagdon, S., Boyda, D., & Armour, C. (2016). Interpersonal polyvictimization and mental health in males. *Journal of Anxiety Disorders*, 40, 75-82. https://www.doi.org/10.1016/j.janxdis.2016.04.002.

R5. Boyda, D., McFeeters, D., Dhingra, K., & Kelleher, I. (2020). A Population-based analysis of interpersonal trauma, psychosis, and suicide: Evidence, pathways, and implications. *Journal of Interpersonal Violence*, April 2020. https://www.doi.org/10.1177/0886260520912591.

R6. Boyda, D., McFeeters, D., Dhingra, K., Galbraith, N., & Hinton, D. (2018). Parental psychopathology, adult attachment and risk of 12-month suicidal behaviours. *Psychiatry Research*, 260, 272-278. https://www.doi.org/10.1016/j.psychres.2017.11.084.

4. Details of the impact

I1. Impacts on health policy
Our research on doctors [F1, R2] contributed to the UK Chief Medical Officer's (CMO) 2013 report (published September 2014) on mental health at work [C1]. This policy document outlines the CMO's recommendations to the UK Government's Department of Health and Social Care on mental health. On page 173 of the document (reference 16), our findings are used to highlight key barriers and risks to doctors' mental health. This impact on a national policy has led to broader changes in workplace mental health policy beyond the healthcare sector. For example, in 2015 Barnet Borough Council used the CMO's report as justification for implementing their own policies, leading to workplace initiatives and training for managers on mental wellbeing. Furthermore, the UK body for responsible business – Business in the Community – has cited the CMO's report to promote mental health in the workplace to its members, made up by 325 UK businesses and organisations [C2].

The work on doctors' mental health [F1, R2] also contributed to Health Education England's (HEE) NHS Staff and Learners' Mental Wellbeing Commission [C3]. The HEE commission's report was presented to the Secretary of State for Health and Social Care in 2019, who gave a mandate to HEE to implement their recommendations [C4]. Here, our research has again contributed to Government policy leading to improvements in mental health support for UK health professionals and trainees. The policy recommendations of this report have also contributed to the NHS long-term plan (launched in January 2019).

Our work on doctors' mental health and help-seeking [F1, R2], was also used as part of the rationale for the need to develop a UK mental health service for physicians by Prof Dame Clare Gerada [C5]. As of 2020, the service is now the UK-wide Practitioner Health (PH) programme [C6], which Prof Gerada still leads. Practitioner Health now offers a free mental health service to 180,000 professionals with over 9000 doctors having used the service as a patient [C7]. Similarly, our research on the mental health of psychiatrists [F1, R1] was presented at the American Psychiatric Association's annual meeting in 2015. This was subsequently cited by the American Psychiatric Association's 'APA working group on wellbeing and burn-out in psychiatrists' to recommend the need for better mental health support for psychiatrists [C7]. As a result of this recommendation, the APA created their own wellbeing and burnout portal in 2017 to provide more comprehensive support for psychiatrists - a service now offered to all 38,000 of the APA's members [C8].

I2. Impact on homeless charity 'Buses 4 Homeless'
UK homeless charity Buses 4 Homeless provides psychoeducation, rehabilitation and accommodation for men transitioning out of homelessness. Homelessness is more common in males and the homeless are at higher risk of mental health difficulties and suicide than the general population. For the charity to develop appropriate risk management policy, our research on the psychosocial factors in psychosis and suicide [F3] was used as a basis for the development of a suicide safety plan to provide an effective tool for assessment of suicide risk. This safety plan has been utilised by Buses 4 Homeless from 2019 and as of December 2020, 11 clients have been re-housed by the programme with no suicide attempts recorded [C9], which is a tremendous achievement for a population where according to some estimates there is a 10 times higher suicide risk compared to the general population.

I3. Training workshops and materials for police and health professionals
Research on stress and mental health in the police [F2], as well as our research on mental health and suicide in the general population [F3], has been utilised by West Mercia Police and North Wales Police in the UK, as part of staff education and training. We have run 3 workshops on stress management and suicide awareness with North Wales and West Mercia, for approximately 70

attendees encompassing serving officers and civilian staff. West Mercia Police, recognising that stress in the police is higher than in the general population, have utilised a set of best practice guidelines, which we created from our research, for how to better manage stress and its effects [C10]. Our research on police [F2, R3] was reported in the Emergency Services Times (October 2020, page 48), a national publication for the UK representing police, fire service, ambulance service and rescue services reaching a readership of 7500.

From our work on psychosocial risk factors for mental health and suicide [F3] we have developed new recommendations for West Midlands Police on policing and suicide. This work examined police attitudes to suicide and led to a detailed report, submitted to West Midlands Police [C11]. Our research found that officers' confidence to intervene following a suicide attempt was lower among Police Constables and Sergeants than in higher ranking officers. Thus, we identified a need for suicide-specific training. Our new training recommendations have been implemented by West Midlands Police negotiators and these training programmes have provided the negotiators with a broader set of techniques for negotiating with suicide-risk individuals thus enhancing confidence and ability in their day-today role [C12]. We will continue to work with them to monitor the effect of the change in practices, which we believe will lead not only to improved situational outcomes, but also greater confidence in junior personnel's abilities to deal with crises involving potential suicides.

In addition to workshops and training for the police, as noted above, our research on mental health and suicide [F3] has also informed the development training workshops for health professionals. In September 2018, our research was presented to NHS mental health clinicians and patients at the 14th Annual Suicide Prevention Symposium at the Black Country Healthcare NHS Foundation Trust. In June 2020, on behalf of HEE, we delivered an online workshop for 16 health professionals. The workshops drew from our research publications [R4-R6] to provide clinicians with new information to enhance their practice when caring for people with mental health difficulties. For example, the workshops emphasised how communicating with people at risk of suicide can be enhanced by understanding the potential risk factors which contribute to their difficulties. The Business Development Manager in Mental Health First Aid from Black Country Healthcare NHS Foundation Trust was complimentary of the workshop, citing "the high risk factor in males and the impact around estimated costs per person" as key areas of interest [C13]. Repeat workshops have been scheduled with these Trusts for 2020 and 2021.

In all, the policy changes and training workshops discussed above will have led to significant changes in peoples' perspectives on mental health and suicide risk within their organisations. By seeding these through-processes through our work, members of these organisations are now better equipped to recognise the risk factors within their staff and themselves.

5. Sources to corroborate the impact

C1. Chief Medical Officer's report on mental health at work (page 173, reference 16) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

C2. Business in the Community, initiative to promote mental health in the workplace - https://www.personneltoday.com/hr/why-employers-must-report-data-on-mental-health-at-work/

C3. Health Education England's NHS Staff and Learners' Mental Wellbeing Commission - https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf

C4. Department of Health and Social Care's mandate to HEE to implement their recommendations - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815411/hee-mandate-2019-to-2020.pdf

C5. Testimonial from Professor Dame Clare Gerada, founder of the Practitioner Health programme

C6. Practitioner Health: patient numbers.
https://blogs.bmj.com/bmj/2019/10/31/clare-gerada-protecting-practitioners-health/

C7. The 2018 report of the American Psychiatric Association's 'APA working group on wellbeing and burn-out in psychiatrists'

C8. The American Psychiatric Association's Wellbeing and Burnout Portal -
https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout

C9. Testimonial from Buses 4 Homeless

C10. Testimonial from West Mercia Police

C11. Report on attitudes to suicide to West Midlands Police

C12. Testimonial from West Midlands Police

C13. Testimonial from Black Country Healthcare NHS Foundation Trust and Health Education England