

Institution: University of Westminster		
Unit of Assessment: 3 Allied Health Professions		
Title of case study: Translating depression and burnout research to support recovery and resilience		
Period when the underpinning research was undertaken: 2006-2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
1. Prof Damien Ridge 2. Prof David Peters 3. Dr Anna Cheshire 4. Justin Haroun	1. Professor of Health Studies 2. Professor 3. Research Fellow 4. Senior Lecturer	1. 2006 ongoing; 2. 1/1994 to 7/2018 & Emeritus from 8/2018 ongoing; 3. 9/2009 ongoing; 4. 11/2001 ongoing
Period when the claimed impact occurred: August 2013 – December 2020		
Is this case study continued from a case study submitted in 2014? Y/N		
1. Summary of the impact (indicative maximum 100 words)		
<p>Research into depression and burnout undertaken at University of Westminster by Professor Damien Ridge, Professor David Peters, and Dr Anna Cheshire, has been translated into practice-based programmes that have achieved the following impacts:</p> <ul style="list-style-type: none"> • The Atlas Men's Well-Being programme, designed by the researchers and delivered at Victoria Medical Centre in central London, has demonstrably improved patient well-being and changed approaches to treating male mental health at this NHS GP practice. • The REFRAME programme developed and delivered by the Westminster Centre for Resilience at Guy's and St Thomas' NHS Foundation Trust is now mandatory for Foundation Year doctors and has demonstrably enhanced resilience among its participants through the provision of actionable techniques. • The ResilienceLab 360 programme developed and delivered by the Centre for Resilience to corporate organisations has provided actionable techniques for improving well-being via the leadership of such organisations. 		
2. Underpinning research (indicative maximum 500 words)		
<u>Male mental health</u>		
<p>Hegemonic masculinity ("the most honoured way of being a man" in any particular locale) frequently encourages men to hide vulnerability and suffering – including depression – contributing to "hidden distress". Drawn from a primary study of 38 men and women with mainly severe depression, Prof Damien Ridge and colleagues focussed their investigation on links between depression and gendered identities among men [1]. This highly cited study (481 citations, Google Scholar), the first in-depth gendered analysis of depression narratives among men, found that although some men defy hegemony, males suffering depression generally find creative ways to prioritise their masculinity within their recovery. Health professionals need to work with male gendered accounts, which variably include safely navigating vulnerability (e.g. by emphasising the heroic nature of their recovery), maintaining control, gaining strength via depression, and honouring responsibility to others.</p> <p>In response to these findings, and building on their previous research, Ridge, Dr Anna Cheshire, and Prof David Peters developed, implemented, evaluated, and subsequently established the first NHS primary care mental health service designed specifically for men. The 'Atlas Men's Wellbeing' programme consists of "male-friendly" counselling and, for men not ready to talk, acupuncture sessions, with patients encouraged to cross over between the treatment modalities, and GPs trained to recognise men with presentations of hidden distress for referral onto the programme. Employing a range of outcome measures, pre- and post-treatment questionnaires completed by 82 of the 102 participants recruited revealed a statistically significant improvement in positive well-being and physical health, and a decrease in anxious mood and perceived stress. Additionally, reductions in costs, related to lost employment and health and social care use, exceeded the cost of Atlas counselling and acupuncture sessions, with an average saving of nearly £700 per patient [2].</p>		

Work, depression, burnout and resilience

Another strand of the research team's work relates to mental health in the workplace. **Ridge** and colleagues' thematic analysis of 81 interviews of workers in the United Kingdom and Australia uncovered the confusing situation facing those with depression in the workplace, with significant implications for mental health policies in contemporary workplaces. Workers are encouraged to "be themselves" by current mental health policy/practices, and are simultaneously expected to adapt to certain versions of "authenticity" within modern competitive workplaces characterised by insecurity and pressure, and expectations of employee flexibility and productivity, i.e. neoliberalism [3]. This study outlines the contradictory forces at play for workers with depression (who previous research suggested already struggled because they "put on a mask" as part of their depression [1]), as authenticity and visibility are expected, but moral imperatives to be good (i.e. healthy) employees are normative. Fear of stigmatisation encourages workers to mask feelings at work and perform "authenticity", to the further detriment of their wellbeing.

Peters established the Westminster Centre for Resilience at the University of Westminster in 2014 to provide a range of services to external organisations seeking to reduce worker burnout – commonly articulated as workers experiencing exhaustion, a reduced sense of effectiveness, as well as detachment and emotional numbing. A pilot of the REFRAME strand of these services was initially undertaken with GPs in Southampton to establish if it could help stressed GPs develop ways to improve their well-being [4]. While the sample base was limited, the findings were encouraging and REFRAME was developed via multiple cycles of delivery and evaluation as a provision of the Centre for Resilience. The results of the pilot also encouraged **Ridge**, **Peters**, and **Cheshire** to specifically examine GPs and burnout in the wider NHS. GPs participated in semi-structured individual and groups interviews. Published in the *British Journal of General Practice*, the team found that largely neoliberal workplace changes in this healthcare sector had resulted in a high level of social isolation whereby GPs had less time for meaningful interactions with colleagues and patients that could mitigate against burnout [5]. Thus, the researchers concluded that support for GPs to cope with burnout and build resilience should move beyond the individual to include systemic work practices.

3. References to the research (indicative maximum of six references)

- [1] Emslie C, **Ridge, D**, Ziebland S, Hunt K. [2006](#). Men's accounts of depression: reconstructing or resisting hegemonic masculinity? *Social Science & Medicine*. 62(9): 2246-2257. 481 Google Scholar citations (31/12/20).
- [2] **Cheshire, A.** and **Peters, D.** and **Ridge, D.** [2016](#). How do we improve men's mental health via primary care? An evaluation of the Atlas Men's Well-being Pilot Programme for stressed/distressed men. *BMC Family Practice*, 17 (13).
- [3] **Ridge, D.**, Broom, A., Kokanović, R., Ziebland, S., & Hill, N. [2019](#). Depression at work, authenticity in question: Experiencing, concealing and revealing. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. (23:3): 344-361.
- [4] Lynch, S., Lown, M., Rajasingami, D., **Peters, D.**, **Ridge, D.**, **Cheshire, A.**, Lewith, G. [2016](#). REFRAME: Resilience training for GPs. *InnovAIT*, 9(6), 356–360.
- [5] **Cheshire, A.**, **D. Ridge**, J. Hughes, **D. Peters**, M. Panagioti, C, Simon, G. Lewith. [2017](#). Influences on GP coping and resilience: a qualitative study in primary care, *British Journal of General Practice* 67 (659): 428-436.

4. Details of the impact (indicative maximum 750 words)**Changing clinical practice to improve mental health in patients**

Ridge and Ziebland's recovery research and data – collected and analysed as Output [1] – has enabled the National Institute for Health and Care Excellence (NICE) to produce authoritative recommendations for healthcare professionals aimed at improving depression treatments [a-i, p. 99, 102]. Although publication of this clinical guidance has now been delayed until 2022, the research is heavily relied upon in their ongoing consultation document (2018) to bring about deeper understanding of patient experiences, including good treatment approaches for depression and useful approaches to recovery, amongst all stakeholders. The analysis put forward in [1] is cited and discussed, and the interview data **Ridge** collected for the

research is discussed by the “review team [...] to undertake their own analysis to cover a wider range of themes than those focused upon by Ridge and Ziebland” [a-i, p. 85-97, 102].

The Atlas Men’s Wellbeing programme, designed by **Ridge, Cheshire, and Peters** in response to those same research findings, was first delivered as a pilot at the Victoria Medical Centre (VMC), a large NHS GP practice in Central London, from March 2013 to July 2014. Delivered with funding support from the Nelsons Charity, at a time when “NHS provision of mental health services in the area is under huge pressure”, Dr Susan Rankine, a Senior Partner at the clinic, states they were keen to collaborate with Westminster and test the Atlas programme as “male mental health [i]s an increasing problem in our local male patient population” [a-ii].

As described in output [2], the Atlas programme was a success, with Rankine highlighting that “78% of patients felt better after their ATLAS sessions” [a-ii]. For this reason the programme was designated a finalist for the Primary Care strand of the prestigious BMJ Awards in 2015, which acknowledged in its nomination that: “Results have been positive, with **150 men treated over 18 months reporting [on average] a 32% improvement in symptoms that mattered most to them**”, while “**savings in health, social care, and lost employment are reckoned to have exceeded the costs**” [a-iii, p. 25].

VMC decided to continue delivering the Atlas programme after the research finished in 2014, in order to build on the impacts upon the patients, some of whom “said that they wanted ongoing help once sessions ended” [a-ii]. In collaboration with **Ridge**, VMC won additional funding from City of Westminster Council, Nelsons, and other sources to permanently establish Atlas in their primary care practice. This **benefitted the patients by allowing the Atlas programme to “continue free of charge**. This was important to us, as it is increasingly recognised that around half of men will visit their GP in the year before they attempt suicide” and “[t]here is no local mental health service targeted specifically towards helping men living in a diverse, increasingly stressful, inner city environment” [a-ii].

The continuation of the programme has seen **statistically significant reductions in anxiety and perceived stress**, and qualitative feedback from participants that speak to the beneficial impacts (“I was in a very bad place, with suicidal thoughts. I am now feeling emotions, taking a more active control of my life [...] my anxiety is under better control”) resulting from the approaches promoted by ATLAS (e.g. “Coping techniques to avoid becoming angry, breathing exercises and visualisation”) [a-iii, p.16,18]. The success of the programme has also continued during the pandemic, with Rankine confirming that “we found that many men who were helped with acupuncture could be persuaded to participate in counselling eventually. Even though Covid-19 has disrupted our provision, ATLAS counselling was able to move online successfully, while acupuncture has been undertaken in Covid-safe ways” [a-ii].

VMC itself has benefitted from this collaboration with **Ridge** through broader cultural change at the practice. Rankine states: “Our ongoing research partnership with the University of Westminster revealed that we need to be part of creating wider cultural change to support and adapt to male mental health. **We believe our healthcare staff have learnt to recognise more easily male “hidden distress”, and our sites provide excellent primary care services for male mental health** [which] has become part of our ‘DNA’ at the practice” [a-ii]. Rankine further evidenced the cultural change at VMC by saying: “we were involved in convincing CVC Capital Partners (a private equity firm) to adopt male mental health as their key charity concern. In 2020, CVC subsequently **raised £102,000 for the CALM charity, to further their work in helping men in distress in the wider community**” [a-ii].

Changing workplace practice to improve employee well-being

Outputs [4] and [5] pointed to the need to engage organisations from the top down in order to create change in the area of workplace depression, burnout, and resilience. As such, **Peters, Ridge, and Justin Haroun** – Director of the Centre for Resilience, University of Westminster – developed a broad programme that would treat burnout and stress within organisations without alienating the men who often lead them.

Impacts on NHS workers via REFRAME

As a British Medical Association (BMA) study from 2019 shows, there is a significant problem of burnout amongst doctors in the UK: “A majority of doctors (80%) in our survey [of 2,900 doctors and 1,400 medical students] were at high/very high risk of burnout with junior doctors most at risk

[at 91%]. Burnout was driven mostly by exhaustion rather than disengagement from one's role as a doctor" [b-i, p.3-4]. Further, the overworking of doctors is known to result in medical errors. For instance, an 18-month study of 185 physician participants working at four university-affiliated teaching hospitals showed that medication events (significant threats to patient safety) were associated with 36.1% higher perceived workload, 38.6% higher inpatient caseloads, and 55.9% higher emotional stress scores [b-ii].

To aid in the management and reduction of burnout amongst junior doctors, the Westminster team has worked extensively with Guy's and St Thomas' NHS Foundation Trust ("Guys" henceforth) since 2014. Through this partnership, the researchers further developed the programme delivered in their pilot study (described in output [4]) and designed "REFRAME" workshops as half day, intensive resilience-training programmes, aimed at helping doctors to better cope and perform safely and competently under pressure.

To date, over 300 health professionals at Guys have undertaken the REFRAME training, with 266 taking part in evaluations involving quantitative and qualitative data collection from participants all at three time points: immediately prior the workshop (baseline), immediately after (post-workshop), and two months later (follow-up).

Of the initial 2016/17 cohort of Foundation Year doctors, 49 questionnaire participants reported elevated levels of stress at baseline [b-iii, p.9]. 85% of these doctors said post-workshop that they would do at least one thing differently to bolster their resilience as a result of the programme [b-iii, p.15], and 74% of participants who completed a follow-up questionnaire (n=43) reported having implemented at least one change in their lives due to REFRAME [b-iii, p.16]. These **changes were reported to have resulted in participants managing stress more effectively** ("The technique of slow breathing has helped me to calm down several times when I was under severe stress"), **improving focus/concentration** ("Introduced some calm into hectic days, clear my mind and focus on most important tasks"), **being able to think more clearly under stress** ("I have managed to reduce my stress levels in acute situations"), and **seeing an improvement in their work/life balance** ("Calming effect, relieves some of the anxiety and stress that can follow me home") [b-iii, p.16-17].

Subsequently, in 2017 the REFRAME workshops were extended to 68 further health professionals at Guys: speciality training (ST1+) doctors, consultants, the Junior Doctor Leadership Group, and other members of clinical staff. Here, the evaluation found that 90% (n=63) saw the workshop as useful, and 75% (n=47) had done at least one thing differently following the workshop [b-iv, p.1]. Comparisons between baseline and 2-month follow-up questionnaires revealed **a statistically significant improvement in both participant stress levels and well-being ratings** for those who had implemented an action from the workshop, which was lacking in those who had not [b-iv, p.16]. This improvement was also present among similar participants in the subsequent 2017/18 cohort [b-v, p.24]. As with the Foundation Year doctors, these health professionals found that the training had beneficially impacted their work/life balance ("Work is work and personal life is separate. I used to find it very difficult not to take ongoing issues at work home and I think I am managing this better"), resulting in clear benefits in both areas: "Less tired and more energy for the children. Less tired at work" [b-iv, p.16-18].

It should be noted that **these benefits to doctors are also thought to be passed on to patients**, as expressed by participants of the 2017/18 REFRAME cohort: "It improves patient care – calm and stress-free doctors are good doctors"; "By looking after myself I can provide better care and my perspective is not clouded"; "I have better mannerism on the ward and am less stressed and therefore find it easier to build rapport with patients" [b-v, p.27].

REFRAME is now provided to Foundation Year doctors annually as part of their mandatory training, making Guys "the only provider organisation to mandate resilience awareness and training for foundation year doctors", and attendance is also compulsory for the Junior Doctors Leadership Group, enabling them to better aid their peers' well-being [b-vi]. As the Deputy Medical Director of Guys states: "participating in this work with the University of Westminster has had **an impact on how we, as an organisation, think about staff wellbeing. It has moved wellbeing up the agenda over the years, and forced us to think systemically**" [b-vii]. For instance, "[d]uring the pandemic, we have adapted and delivered a 50 minute 'Time to Talk' session for deployed clinicians with tools for self-care and centering" [b-vii]. Further, Guys has provided funding for a research project with Westminster on burnout and readiness to change amongst a group of consultants, which the Deputy Medical Director states: "reflects our **long-term**

commitment to positively impacting on staff health and wellbeing for the betterment of both our patients and staff, which our collaborations with the Centre for Resilience has already significantly advanced” [b-vii].

Impacts on Corporations via ResilienceLab 360

Another programme designed at the Centre for Resilience is the ResilienceLab 360, which incorporates measures of heart rate variability, psychometrics, and hormones to provide participants with numerical data as a basis for discussing burnout and resilience building [c-i]. Acknowledging that the senior management of organisations is still dominated by men, and in-line with the Westminster research approach to working with men “sensitively” (outputs [1] and [2]), the UoW team drew on their work with men/masculinity, depression, and burnout to design personalised resilience-building solutions for organisations as a whole, in consultation with their (usually male) leadership.

Although corporate confidentiality agreements limit what can be reported here, over 2000 participants from 23 different organisations across various sectors, including local government, health, education, and industry have participated in ResilienceLab 360. The former CEO of Odeon UCI has talked about the ‘life changing insights’ drawn from the ResilienceLab 360, especially in regard to its **help in guiding him through a huge and drawn-out organisational transition** [c-ii], while the President of Microsoft EMEA (Europe, Middle East, Africa) has also attested to the impact of the programme. In a 2018 interview conducted over a year after undertaking the ResilienceLab 360 assessment, Microsoft EMEA President Michel van der Bel explained: “The work we have done with the University of Westminster had **an impact on how the Microsoft UK leadership team looks at resilience for every member of the team, and for all the people in the organisation**” [c-ii]. Recognising the importance of “stay[ing] physically and mentally healthy in a business environment” that is influenced by a “performance culture”, van der Bel specifically highlights “the most impactful thing” about the assessment as the breathing test in the 360: “How do you breathe and what does it do to your body. That insight is super helpful because that’s something you can action, you can practice, you can do more often, and that makes it something you do versus just observing the results” [c-iii].

Confirming the impact of this programme on the corporate culture at Microsoft UK, van der Bel believes the 360 assessment was “a good wake-up call” for the UK Leadership team that had undertaken the tests, such that “you see now that people are doing things differently. Those are not big things at once but small things that would continue” [c-iii]. Van der Bel also points out that **these “practical things” have become “internalised” and led to a broader change in their management culture**: “if you want to lead an organisation, then you first probably need to learn to lead yourself” [c-iii].

5. Sources to corroborate the impact (indicative maximum of 10 references)

- [a] (i) NICE. *Depression in adults: treatment and management – Method, evidence & recommendations*. [2018] [\[link\]](#) (ii) Testimony: Dr Susan Rankine, Senior Partner Victoria Medical Centre (iii) The BMJ Awards. 2015 Awards Finalists, Patient Safety Team of the Year, Primary Care Team of the Year. [\[link\]](#) (iv) Sebah, I., Cheshire, A. and Ridge, D.T. 2020. *Atlas Men’s Well-being Programme: Evaluation Report Atlas 2.0*. [\[link\]](#)
- [b] (i) BMA, *Caring for the mental health of the medical workforce*. 2019 [\[link\]](#) (ii) Dollarhide, et al. A Real-Time Assessment of Factors Influencing Medication Events, *The Journal for Healthcare Quality*: Sept-Oct 2014 (36:5): 5-12 [\[link\]](#) (iii) Cheshire, A. “Westminster REFRAME workshops for foundation year doctors 2016-2017: Evaluation report” Sept 2017 [\[link\]](#) (iv) Cheshire, A. “Westminster REFRAME workshops for Guy’s and St Thomas’ Hospital staff: Evaluation report” Sept 2017 [\[link\]](#) (v) Cheshire, A. and Shaw, P. “Evaluation of the Westminster REFRAME workshop for Guy’s and St Thomas’ Hospital staff: 2017/18” Dec 2018 (vi) “Workforce burnout and resilience in the NHS and social care” consultation submission to The House of Commons Health and Social Care Committee, by Dr Rajasingham, Deputy Medical Director at Guys and Prof Peters of Westminster (vii) Testimony from Deputy Medical Director at Guys
- [c] (i) ResilienceLab 360 – intro video [\[link\]](#) (ii) UoW. “Westminster Centre for Resilience hosts Business Breakfast for 14 CEOs to discuss the benefits of corporate resilience” 31/3/17 [\[link\]](#) (iii) Resilience discussion with President of Microsoft EMEA. 2016. Video. [\[link\]](#)