

NIHR | Applied Research Collaboration
West

Mental health theme

Professor Paul Moran & Dr Lucy Biddle

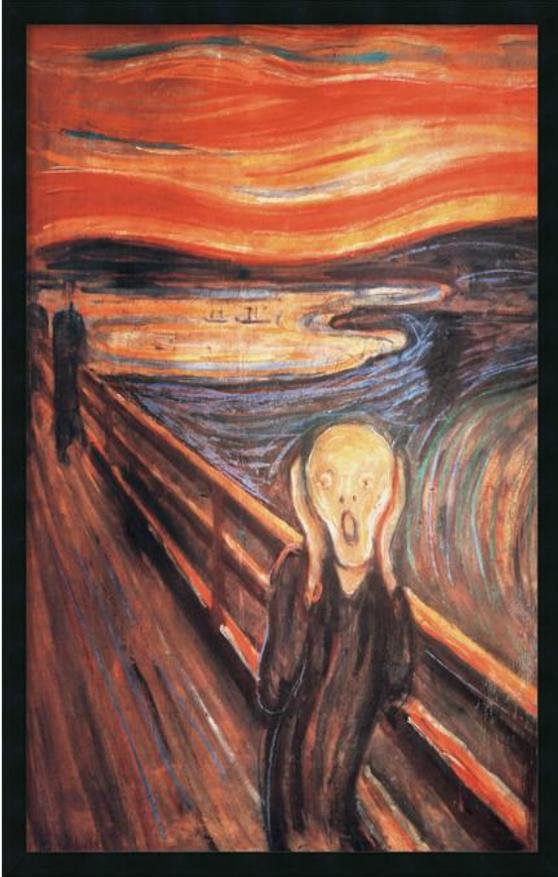
Population Health Sciences

Bristol Medical School

University of Bristol



Mental health matters



- ◆ 1-in-6 adults in England suffer from anxiety and depression
- ◆ Across the world, mental & substance use disorders are the leading cause of disability
- ◆ 800,000 people die each year as a result of suicide

Mental health funding gap widens further

 [Mental health](#) [NHS finances](#)



16 January 2018



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The spending gap between NHS acute hospitals and NHS mental health providers widened further last year, according to [a new report](#) from The King's Fund.

Analysis done for the report shows that 84 per cent of mental health trusts, which provide the great majority of mental health services, received an increase in funding last year, significantly higher than in previous years. But funding for acute and specialist hospitals has continued to grow more quickly as national leaders have prioritised reducing financial deficits and improving performance in A&E.

As a result, income for mental health trusts rose by less than 2.5 per cent in 2016/17 compared to more than 6 per cent for acute and specialist trusts, continuing a trend of a growing spending gap between mental health and acute trusts. Since 2012/13, funding for mental health trusts has increased by just 5.6 per cent compared to an increase of 16.8 per cent for acute hospitals.

Mental health research in the UK is chronically underfunded

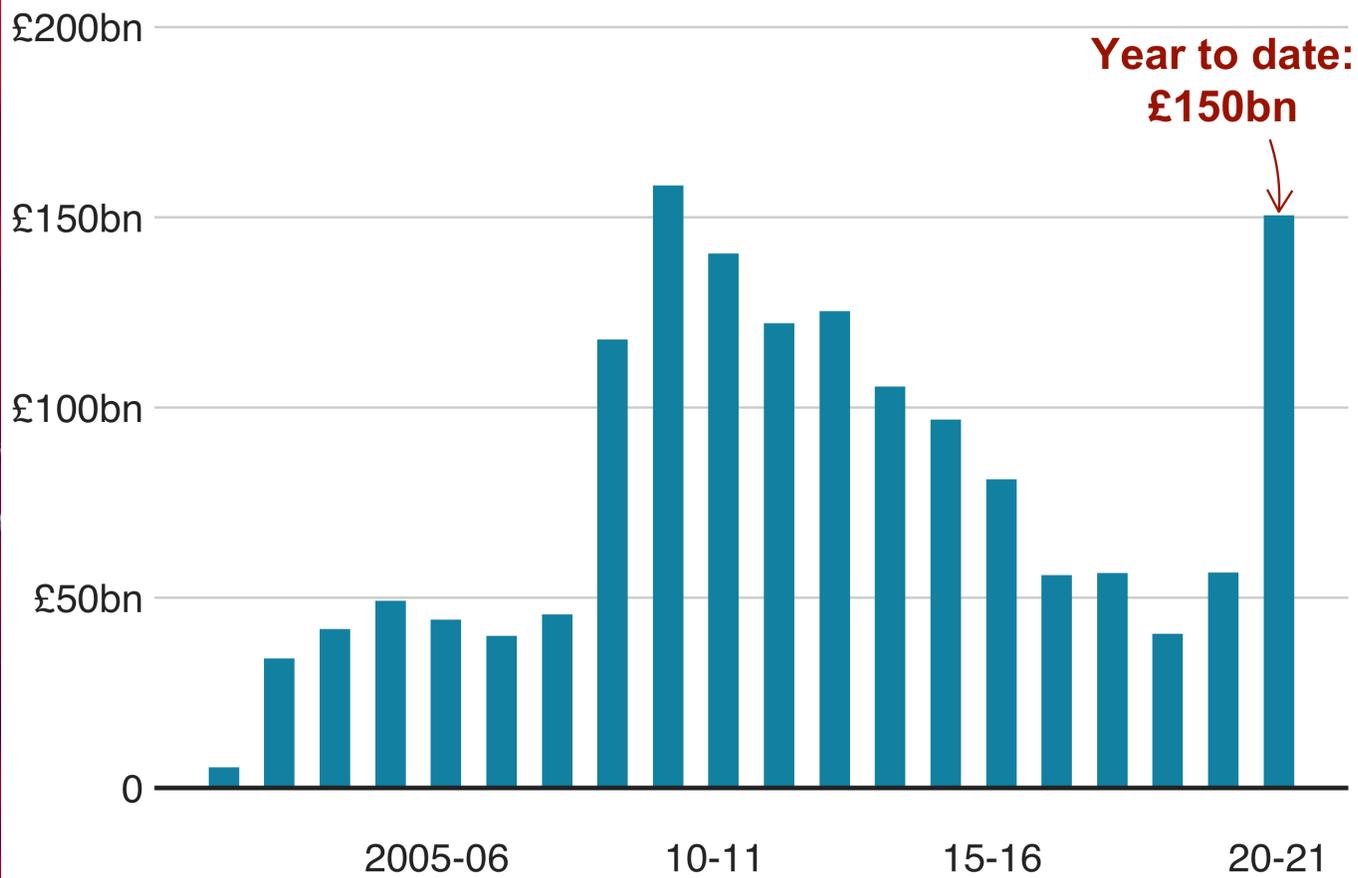
- Only 5.5% of the UK health research budget is spent on mental health research.
- In contrast, investment in cancer research is four times higher, at 19.6%.
- Spending per head:

In 2011, spending on cancer research equated to £1,571 per cancer patient, while the average spending on mental health equated to £9.75 per adult with a mental health problem.

Figures from MHF and MQ Landscape analysis (2015)

Public sector net borrowing

Excluding public sector banks



Source: Office for National Statistics





It is now crystal clear that mental health needs must be treated as a core element of our response to and recovery from the covid-19 pandemic.



World Health Organization



Mental health theme: ROG members

ROG Member	Organisation
Paul Moran (co-lead)	ARC West - UoB
Lucy Biddle (co-lead)	ARC West - UoB
Jelena Savovic	ARC West - UoB
Theresa Redaniel	ARC West - UoB
David Kessler	UoB
Nicola Wiles	UoB
Julian Walker	AWP
Martin Jones	BNSSG CCG
Victoria Bleazard	BNSSG CCG
Paul Scott	BaNES council
Nik Munien	UH Bristol & Weston NHS Trust
Rick Cooper	Vita Health Group
Amjad Uppal	Glos Care Services
Claire Procter	Glos ICS
Sian Jones	West of England AHSN
Jon Kerslake	ARC West
Lara Edwards	ARC West
Naomi Salisbury	Public contributor
Louise Ting	Public contributor
Anna Ferguson-Montague	Public contributor
Liz Hill	ARC West
Rosie Davies	ARC West PPI
Hannah Edwards	ARC researcher
Joni Jackson	ARC researcher
Hugh McLeod	ARC Health economics team lead
Amanda Owen-Smith	BNSSG CCG researcher in residence



- **ARC or ARK?**
- **Definition of *ark***
- **1a:** a boat or ship held to resemble that in which Noah and his family were preserved from the Flood
- **b:** something that affords **protection and safety**

Mental Health: Research Priority Areas



Fragmentation of care



Workforce



Self-harm and suicide

Fragmentation of care



Copyright Martin Davies

" I just went through this pattern of... feeling suicidal, no one knowing.... and wanting to drown myself inside and having nobody to talk about it at all."

Female, patient

Fragmentation of care



“I get people rejected (by services) all the time. So, I had a girl yesterday who was rejected because her mental health needs were too complicated. She is complicated, and she’s got risk going on and they won’t see her because the therapists aren’t really trained to cope with risky patients, don’t really know how to manage her.”

GP, Male

From: French et al, 2019. BMJ Open Vol. 9; No. 2

About us

Our advice for
if you are a me
COVID-19 vac

Mental health

Adult and older
health

Community me
services

Crisis and acut
health services

Mental Health
Programme

Adult Improv
Psychological

- ❑ Single point of access for evidence-based psychological treatments for mild-moderate anxiety or depression **(CBT)**
 - ❑ 1 million referrals/year ~ 50% enter treatment
 - ❑ Stepped care: high (up to 20 sessions) or low intensity (6-10 sessions)
 - ❑ 'Recovery' = moving from case → non-case
 - ❑ 52% achieve recovery

year
ion

Personality difficulties are common among IAPT attenders and are associated with reduced likelihood of recovery and improvement from depression and anxiety

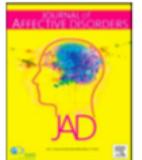
Journal of Affective Disorders 279 (2021) 266–273



Contents lists available at [ScienceDirect](#)

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Research paper

Personality difficulties and response to community-based psychological treatment for anxiety and depression



Becky Mars^{a,b,*}, Jo Gibson^c, Barnaby D Dunn^d, Christopher Gordon^c, Jon Heron^a, David Kessler^{a,b}, Nicola Wiles^{a,b}, Paul Moran^{a,b}

^a Centre for Academic Mental Health, Population Health Sciences, University of Bristol Medical School, University of Bristol, UK

^b National Institute for Health Research Bristol Biomedical Research Centre, University Hospitals Bristol NHS Foundation Trust and University of Bristol, UK

^c Mental Health & Learning Disabilities Directorate, Somerset Partnership NHS Foundation Trust

^d Department of Psychology, University of Exeter

Mixed-methods study to examine the need for enhancing IAPT therapists' skills to manage patients with complex emotional needs





Adolescence, digital technology and mental health care: exploring opportunity and harm

AIM

Explore how young people's **digital technology** use can be drawn upon during clinical encounters focused on mental health to **improve the delivery of care**

KEY WORKSTREAMS:

- **Stakeholder engagement:** activities with young people, parents, clinicians,
- **Pilot study:** explore whether data sharing (from young person's mental health app) can enhance history taking and enrich consultations
- **Delphi study:** devise clinician guidelines for discussing harmful online activities with young people



Arts & Humanities
Research Council

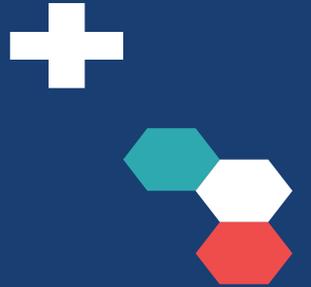




Mental health of the workforce

NHS CHECK

The psychosocial impact of the
COVID-19 pandemic on UK
healthcare workers



Introduction

Healthcare workers (HCWs) have experienced a range of significant stressors throughout the COVID-19 pandemic:

- Risk of infection
- Workload changes
- Sleep deprivation
- Providing care in unfamiliar settings
- Insufficient PPE
- Loss of social support
- Financial difficulties
- Infection/death of loved ones

These stressors may contribute to an increase in **common mental disorders (CMDs)**

The potential impact of COVID-19 on mental health outcomes and the implications for service solutions

15 April 2020

An evidence review of how infectious disease outbreaks – requiring community or population-level quarantine and / or social isolation – affect the prevalence of mental health conditions within the general population and healthcare workers, and the community and population-level approaches to prevent and address mental health conditions following such outbreaks.

In the context of infectious disease outbreaks requiring community or population-level quarantine and / or social isolation, the researchers aimed to answer the following:

Authors

[Dr James Nobles](#)

Dr Faith Martin

[Sarah Dawson](#)

[Professor Paul Moran](#)

[Dr Jelena Savović](#)

TAKING PART

NHS CHECK

PARTICIPATE

Introduction: Objectives



- Describe the prevalence of psychological distress and characteristics associated with poorer mental health.
- Describe workplace factors associated with poorer mental health.
- Describe patterns and persistence of psychological distress symptoms over time.
- Qualitatively evaluate staff support programmes being implemented locally and nationally
- Provide a platform for further randomised controlled trials (RCT), observational, or intervention studies.

Methods: study design

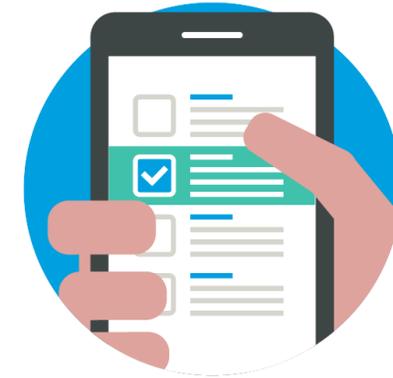
Baseline data collected from late April 2020 – January 2021, across 18 NHS Trusts across England. All staff working in participating NHS Trusts included.

Short survey

- Occupational information
- Socio-demographic characteristics
- General Health Questionnaire (GHQ-12)

Long survey (optional additional questions)

- Generalised Anxiety Disorder scale (GAD-7)
- Patient Health Questionnaire (PHQ-9)
- Alcohol Use Disorder Identification Test (AUDIT)



- Post-Traumatic Stress Disorder checklist (PCL-6)
- Moral Injury Event Scale (MIES)
- Clinical Interview Schedule (CIS-R): suicidal ideation questions

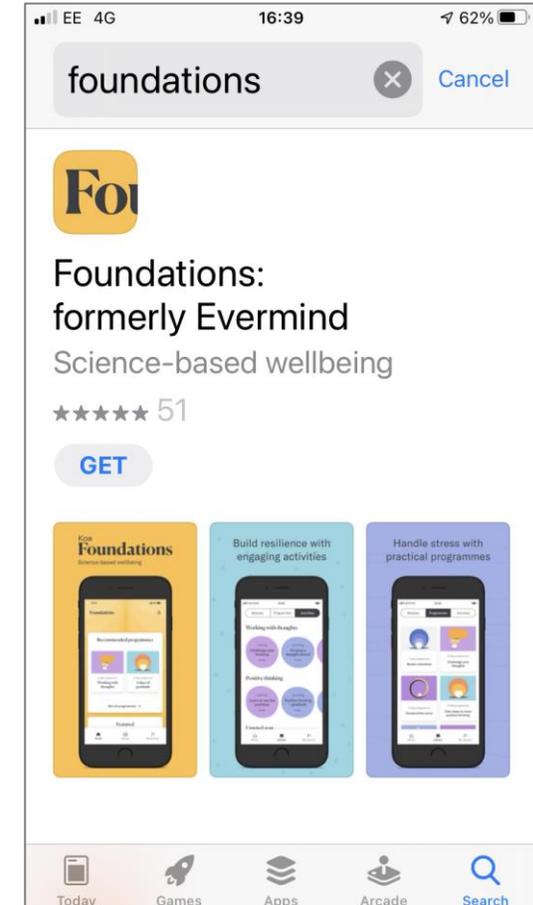
Next steps

Examining change over time

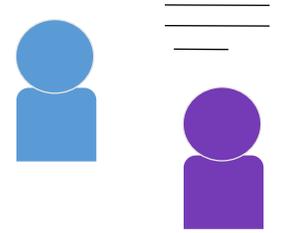
- Currently collecting 6-month follow-up data
- 12-month follow-up starting in the summer

KOA Health RCT

- Foundations: mental wellbeing app designed to build resilience, manage stress, improve sleep.
- N=700 (350 app/350 waitlist control)
- Assessments of wellbeing and mental health at 0, 4, 8 weeks.



Next steps



- **Qualitative study** of experiences of support interventions – staff who have and have not received help
- **Diagnostic interview study:** depression and PTSD



Above
& Beyond

Raising for Bristol city centre hospi

Telephone-based suicide prevention for ED attenders with substance misuse

- Literature review
- Delphi survey
- Commencing pilot testing in April





Check for updates

SYSTEMATIC REVIEW

The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review [version 1; peer review: 1 approved, 2 approved with reservations]

Ann John ^{1,2*}, Chukwudi Okolie ^{1,2}, Emily Eyles ^{3,4}, Roger T. Webb^{5,6},
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Ella Arensman⁷, Keith Hawton ^{8,9}, Nav Kapur^{5,6,10}, Paul Moran^{4,11},
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A nurse wearing a protective mask and gear comforts another at the Cremona hospital, southeast of Milan, Lombardy, March 13, 2020. (AFP Photo)



THANKS FOR LISTENING

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