WEBVTT

00:00:11.047 --> 00:00:14.237
Good afternoon and it is just 12:00 o'clock and.

00:00:14.237 --> 00:00:17.797
I'm very pleased to welcome you to the NHS check.

00:00:17.797 --> 00:00:20.857
at lunchtime webinar. My name is Neil Greenberg.

00:00:20.857 --> 00:00:24.037
I'm a psychiatrist. I'm a professor of defense mental health.

00:00:24.037 --> 00:00:27.157
t Kings College London, and it's my pleasure.

00:00:27.157 --> 00:00:30.217
to welcome, hopefully, lots of people we don't quite know how many.

00:00:30.217 --> 00:00:33.497
are out there to listen to three.

00:00:33.497 --> 00:00:36.777
relatively brief talks. And then there will be an opportunity.

00:00:36.777 --> 00:00:39.857
for discussion afterwards. You wanna have time for.

00:00:39.857 --> 00:00:41.437
uestions and.

00:00:41.547 --> 00:00:44.697
I'm speaking at the moment as chairing this on behalf of the.

00:00:44.697 --> 00:00:48.077
NHS check team. We're a team.

00:00:48.077 --> 00:00:51.197
of researchers based at University College London.

00:00:51.197 --> 00:00:54.247
and Kings College London and some other places as well. And.

00:00:54.247 --> 00:00:57.437
we've been going since April 2020 and.

00:00:57.437 --> 00:01:00.797
this webinar will last an hour so it will finish.

00:01:00.797 --> 00:01:03.817
by 1:00 o'clock and what?

00:01:03.817 --> 00:01:06.997

e hope very much from you is that both you'll enjoy it.

00:01:06.997 --> 00:01:10.377
but also your participate as well by putting.

00:01:10.377 --> 00:01:14.037
in questions in the questions and answered tab.

00:01:14.037 --> 00:01:14.037

00:01:14.117 --> 00:01:17.257
Hopefully that's that shows on your screen and what.

00:01:17.257 --> 00:01:20.487
l do if you put questions in at any time and don't.

00:01:20.487 --> 00:01:23.657
wait till the end. Putting in whenever you like. Then we'll.

00:01:23.657 --> 00:01:26.897
look at them and then we will publish them. And at the end.

00:01:26.897 --> 00:01:30.007
of all three talks, each lasting about 15 minutes.

00:01:30.007 --> 00:01:33.287
will I'll sort of compare and we'll take the questions.

00:01:33.287 --> 00:01:36.727
as they come in and put into the best person.

00:01:36.727 --> 00:01:39.827
just to say we are recording this and.

00:01:39.827 --> 00:01:43.007
so obviously anything that's said will be.

00:01:43.007 --> 00:01:44.567
available, we will.

00:01:44.727 --> 00:01:48.327
Make the recording available by email.

00:01:48.327 --> 00:01:51.517
We'll send out the link. You'll be on our website, hopefully.

00:01:51.517 --> 00:01:54.957
by the end of the week. And for those of you who particularly want the slides.

00:01:54.957 --> 00:01:58.137
they will be on the website too, although of course they'll be.

00:01:58.137 --> 00:02:01.257
in the recording now. We've all agreed not to try and.

00:02:01.257 --> 00:02:04.287
use any jargon, so we'll do our best and if.

00:02:04.287 --> 00:02:07.317
you do spotters using jargon, please put into.

00:02:07.317 --> 00:02:10.437
the question and answer section to ask us what.

00:02:10.437 --> 00:02:14.017
we mean. And we'll happily explain that to you.

00:02:14.017 --> 00:02:15.397
as we as we go through.

00:02:16.527 --> 00:02:19.617
So without too much further.

00:02:19.617 --> 00:02:23.217
ado, I'd like to introduce the first of the three speakers who?

00:02:23.217 --> 00:02:26.577
is Doctor Danny Lam and or Danielle Lam. I.

00:02:26.577 --> 00:02:29.917
should say she's a senior research fellow.

00:02:29.917 --> 00:02:33.217
at University College London. She's a Co investigator.

00:02:33.217 --> 00:02:36.497
on NHS check, but she's got holds of experience.

00:02:36.497 --> 00:02:39.647
And the secret here is she really is the powerhouse of.

00:02:39.647 --> 00:02:42.717
the academic element of this, which is good because.

00:02:42.717 --> 00:02:45.757
if there's anything that goes right then that's down to her.

00:02:45.757 --> 00:02:48.147
And if it's anything that goes wrong, it's clearly down to me.

00:02:48.517 --> 00:02:51.967
And she's going to speak on the first topic on suicide.

00:02:51.967 --> 00:02:55.427
and self harm from our cohort, Danny.

00:02:55.427 --> 00:02:56.467
the floor is yours.

00:02:57.807 --> 00:03:00.897
Thank you very much, Neil. And OK, yeah.

00:03:00.897 --> 00:03:04.097
So the paper that I'm going to be talking about.

00:03:04.097 --> 00:03:07.257
today has just come out. It was out last Wednesday.

00:03:07.257 --> 00:03:10.337
And as Neil said, it's about suicidal thoughts and.

00:03:10.337 --> 00:03:13.697
behaviour among healthcare workers during.

00:03:13.697 --> 00:03:16.957
the COVID-19 pandemic. This is the paper itself.

00:03:16.957 --> 00:03:20.057
You can see there. So it's published in PLOS One last week.

00:03:20.057 --> 00:03:23.467
There's a QR code there as well as the link because.

00:03:23.467 --> 00:03:26.577
I'm not sure how helpful it is having a link for you to all.

00:03:26.577 --> 00:03:27.637
type into your.

00:03:27.977 --> 00:03:31.057
Browsers, so hopefully that QR code will.

00:03:31.057 --> 00:03:33.757
work. If you want to get a copy of the paper.

00:03:36.567 --> 00:03:40.017
So in terms of the background, you probably will be aware.

00:03:40.017 --> 00:03:43.277
there was quite a lot of media attention around the topic.

00:03:43.277 --> 00:03:46.377
of suicide and self harm in healthcare workers and.

00:03:46.377 --> 00:03:49.597
particularly during the COVID-19 pandemic and.

00:03:49.597 --> 00:03:52.797
the existing evidence pay base for this sort.

00:03:52.797 --> 00:03:56.277
of area of work really isn't very good. So there was a systematic review.

00:03:56.277 --> 00:03:59.747
in 2021 about the research on suicide.

00:03:59.747 --> 00:04:03.157
and self harm in healthcare workers and it showed that most.

00:04:03.157 --> 00:04:05.577
of the studies that have been done about this.

00:04:05.727 --> 00:04:09.277
Cross sectional and they've these convenience samples.

00:04:09.277 --> 00:04:12.847
and most of them haven't actually said what their sampling frame is.

00:04:12.847 --> 00:04:12.847

00:04:13.487 --> 00:04:16.697
So there's a need for better quality research.

00:04:16.697 --> 00:04:19.757
about this topic, and so we used.

00:04:19.757 --> 00:04:22.957
our NHS check cohort to look at this. So we've looked.

00:04:22.957 --> 00:04:26.147
at the prevalence of suicidal thoughts and behaviors and.

00:04:26.147 --> 00:04:29.157
that's going to be shortened to estb at points in the.

00:04:29.157 --> 00:04:32.967
presentation just for space factor and.

00:04:32.967 --> 00:04:36.527
their relationship with occupational risk factors and.

00:04:36.527 --> 00:04:39.907
we've also looked at the incidence of these.

00:04:39.907 --> 00:04:39.907

00:04:40.777 --> 00:04:43.927
At these factors and so we've got longitudinal.

00:04:43.927 --> 00:04:47.017
data. As I said, we've used our NHS check.

00:04:47.017 --> 00:04:50.217
cohort study. This is a really large study that's.

00:04:50.217 --> 00:04:53.447
been running since April 2020. As Neil said, we've.

00:04:53.447 --> 00:04:56.637
got over 23,000 participants and we've used.

00:04:56.637 --> 00:04:59.957
18 different trusts and that's where this element.

00:04:59.957 --> 00:05:03.137
of the sampling frame comes in. So we know.

00:05:03.137 --> 00:05:06.457
those trusts, we know the overall demographics.

00:05:06.457 --> 00:05:09.957
of the people who are working in those 18 trusts.

00:05:09.957 --> 00:05:09.957

00:05:10.227 --> 00:05:13.257
So we're better able to represent.

00:05:13.257 --> 00:05:16.327
the outcomes that we're looking at.

00:05:16.327 --> 00:05:19.977
as being for though that particular population.

00:05:19.977 --> 00:05:23.707
And I'll talk a bit more about that and when we get to the methods section.

00:05:23.707 --> 00:05:23.707

00:05:26.737 --> 00:05:29.987
Do we use these online surveys? We had a baseline.

00:05:29.987 --> 00:05:33.207
survey and six months after people had completed their baseline.

00:05:33.207 --> 00:05:36.247
we asked them to do another one and 12 months after that as well.

00:05:36.247 --> 00:05:39.787
I'm just going to be talking about baseline is 6 month data here.

00:05:39.787 --> 00:05:43.247

And in those surveys in both of the surveys, both at baseline.

00:05:43.247 --> 00:05:46.327
and six months later, we asked some questions from the.

00:05:46.327 --> 00:05:49.387
survey that the.

00:05:49.387 --> 00:05:53.207
suicidality questions in that measure.

00:05:53.207 --> 00:05:56.387
and these were the questions. So we asked about whether.

00:05:56.387 --> 00:05:57.987
people had ever thought about.

00:05:58.077 --> 00:06:01.807
Suicide, whether they've ever attempted suicide.

00:06:01.807 --> 00:06:04.957
or whether they'd ever deliberately harmed themselves, and.

00:06:04.957 --> 00:06:08.127
they had three options that they could answer. Yes they had.

00:06:08.127 --> 00:06:11.647
to. One of those three or any of the three in the past two months.

00:06:11.647 --> 00:06:15.007
yes, but not in the past two months. And that's previous.

00:06:15.007 --> 00:06:18.087
history of those thoughts and behaviors or no, never.

00:06:18.087 --> 00:06:20.647
thought or done anything like that.

00:06:23.107 --> 00:06:26.177
And as I said, we use data from our baseline survey and our six.

00:06:26.177 --> 00:06:29.407
month follow up survey and the numbers there you can see.

00:06:29.407 --> 00:06:32.797
I said we had over 23,000 participants actually.

00:06:32.797 --> 00:06:36.077
for the people who answered the questions that we were interested.

00:06:36.077 --> 00:06:39.357
in and at baseline it was 12,000 and six.

00:06:39.357 --> 00:06:42.477

months it was 7000. So those around numbers that we've.

00:06:42.477 --> 00:06:44.117
got in this study.

00:06:44.877 --> 00:06:48.127
And we just described the proportions reporting each.

00:06:48.127 --> 00:06:51.407
of those outcomes that are in the survey.

00:06:51.407 --> 00:06:54.807
questions that was just descriptively looking.

00:06:54.807 --> 00:06:58.127
at what people are telling us about the proportions reporting those things.

00:06:58.127 --> 00:07:01.727
at baseline and at six months. And we also.

00:07:01.727 --> 00:07:05.047
described of the people who said, no, I've never.

00:07:05.047 --> 00:07:08.347
hought about or done those things baseline.

00:07:08.347 --> 00:07:11.467
how many of those went on at six months to report?

00:07:11.467 --> 00:07:15.127
that they had then in those six months had?

00:07:15.127 --> 00:07:18.487
those thoughts or behaviors. And that's the incidents that we're talking about.

00:07:18.487 --> 00:07:18.487

00:07:18.867 --> 00:07:21.997
We then used multi level multi variable logistic regression.

00:07:21.997 --> 00:07:25.177
models and we used weighted data for that. So I.

00:07:25.177 --> 00:07:28.297
mentioned we've got information from each of the.

00:07:28.297 --> 00:07:31.717
18 trust from HR about their trust.

00:07:31.717 --> 00:07:34.737
populations. So we know overall in each.

00:07:34.737 --> 00:07:37.797
trust the proportion of people.

00:07:37.797 --> 00:07:41.037
for sex, for ethnicity and for their.

00:07:41.037 --> 00:07:44.127
job role and their age. And so those are the.

00:07:44.127 --> 00:07:47.737
key demographic variables that we know what our population.

00:07:47.737 --> 00:07:50.807
looks like and then we can compare our sample who's actually.

00:07:50.807 --> 00:07:51.937
illed in the questionnaire.

00:07:52.037 --> 00:07:55.207
Two, that overall population and weight the data.

00:07:55.207 --> 00:07:58.607
so we can give more weight to for example.

00:07:58.607 --> 00:08:01.627
men there were fewer men who filled in the survey.

00:08:01.627 --> 00:08:04.667
Then there are in the overpopulation, in the overall population.

00:08:04.667 --> 00:08:07.767
So we've given a bit more weight to their answers so.

00:08:07.767 --> 00:08:10.907
we're better representing that overall population.

00:08:10.907 --> 00:08:14.067
And the models are multi level and that.

00:08:14.067 --> 00:08:17.327
means we're accounting for the fact that people from one trust.

00:08:17.327 --> 00:08:20.477
and more likely to be similar to each other than.

00:08:20.477 --> 00:08:23.867
to people from a different trust. So the data is clustered.

00:08:23.867 --> 00:08:23.867

00:08:24.007 --> 00:08:27.317
Into people in these different trusts and the multi level model.

00:08:27.317 --> 00:08:30.347
accounts for and multi variable is that we've looked.

00:08:30.347 --> 00:08:34.097
at lots of different factors that might be associated.

00:08:34.097 --> 00:08:37.467
with these outcomes of suicidal thoughts and behaviours and.

00:08:37.467 --> 00:08:40.657
you can see I've just listed below there and the demographic.

00:08:40.657 --> 00:08:44.297
factors that we think might be associated and the occupational.

00:08:44.297 --> 00:08:47.377
factors. So from previous literature we know there.

00:08:47.377 --> 00:08:50.437
are things that other other literature has.

00:08:50.437 --> 00:08:53.557
found to be associated with those outcomes so.

00:08:53.557 --> 00:08:57.517
things like exposure to potentially morally injurious events so.

00:08:57.517 --> 00:08:57.517

00:08:57.667 --> 00:09:00.727
Events or instance where people.

00:09:00.727 --> 00:09:03.887
have been asked to do something that really clashes with their own moral.

00:09:03.887 --> 00:09:06.987
values, or they've seen something that and not stepped in.

00:09:06.987 --> 00:09:10.027
that they feel as clashed with their own.

00:09:10.027 --> 00:09:13.057
sense of moral values and lack of access to.

00:09:13.057 --> 00:09:16.087
ms early research in the pandemic.

00:09:16.087 --> 00:09:19.187
to be quite important factor with these kinds of things lack.

00:09:19.187 --> 00:09:22.367

of confidence in raising safety concerns and then.

00:09:22.367 --> 00:09:25.487
lack of confidence that those safety concerns would actually be managed.

00:09:25.487 --> 00:09:28.907
and addressed appropriately and feeling unsupported by.

00:09:28.907 --> 00:09:28.907

00:09:28.987 --> 00:09:32.367
The supervisors or managers and feeling as though they're reducing.

00:09:32.367 --> 00:09:35.597
the providing or reduced standard of care. All of these things are.

00:09:35.597 --> 00:09:38.937
either things that have been found in previous research to be associated.

00:09:38.937 --> 00:09:42.117
with suicidal thoughts and behaviors, or things that the study.

00:09:42.117 --> 00:09:45.257
team felt might be relevant in.

00:09:45.257 --> 00:09:46.317
this context.

00:09:48.977 --> 00:09:52.027
So here we've got the prevalence and incidence.

00:09:52.027 --> 00:09:55.187
numbers, so there's lots and lots of numbers here. I'm not expecting anyone.

00:09:55.187 --> 00:09:58.997
to look in detail at this or just highlight it for you and.

00:09:58.997 --> 00:10:02.047
so here you can see in this first sort of.

00:10:02.047 --> 00:10:05.567
set of columns, we've got the prevalence. So this is at baseline.

00:10:05.567 --> 00:10:09.227
within the previous two months, 13.

00:10:09.227 --> 00:10:12.527
0 people. So that was nearly 11% of our.

00:10:12.527 --> 00:10:15.707

total sample were reporting that at that.

00:10:15.707 --> 00:10:18.717
point at the baseline point they were experiencing.

00:10:18.717 --> 00:10:18.727

00:10:18.817 --> 00:10:22.107
And they'd experienced suicidal thoughts in the last two months.

00:10:22.107 --> 00:10:22.107

00:10:22.787 --> 00:10:23.167
And.

00:10:23.917 --> 00:10:27.167
In terms of suicidal attempts within the last two months at.

00:10:27.167 --> 00:10:30.427
baseline, 2% were reporting that they'd.

00:10:30.427 --> 00:10:33.297
attempted suicide within the past two months.

00:10:34.007 --> 00:10:37.467
And in terms of self harm, nearly 3 1/2%.

00:10:37.467 --> 00:10:40.887
reported that within the last two months, they'd.

00:10:40.887 --> 00:10:43.997
xperienced that. So I've focused.

00:10:43.997 --> 00:10:47.277
on the previous two months question there just.

00:10:47.277 --> 00:10:50.537
because that's what we were most interested in terms.

00:10:50.537 --> 00:10:54.317
of like at that time point when people were filling in as Baseline Questionnaire.

00:10:54.317 --> 00:10:57.377
what was their experience right then. So that's why I've.

00:10:57.377 --> 00:11:01.367
looked at that. Those 3 numbers there and.

00:11:01.367 --> 00:11:04.617
hen it's six months. So again, this is the prevalence of just.

00:11:04.617 --> 00:11:04.617

00:11:04.697 --> 00:11:08.387
That six months snapshot time point is.

00:11:08.387 --> 00:11:11.827
fairly similar at six months to the baseline.

00:11:11.827 --> 00:11:15.047
so again 9% rather than 10% reporting.

00:11:15.047 --> 00:11:18.147
suicidal thoughts to just over 2%.

00:11:18.147 --> 00:11:21.807
reporting suicidal attempts and again 3% reporting.

00:11:21.807 --> 00:11:24.987
self harm so we can see those two different.

00:11:24.987 --> 00:11:28.267
time points that baseline and at six months people.

00:11:28.267 --> 00:11:31.547
about the same proportions at each time point.

00:11:31.547 --> 00:11:33.427
are reporting those outcomes.

00:11:34.767 --> 00:11:38.077
And then thinking about the people who.

00:11:38.077 --> 00:11:41.517
baseline said no, I've never experienced.

00:11:41.517 --> 00:11:44.657
any of these things. That's what gives us the numbers to look.

00:11:44.657 --> 00:11:47.977
at the incidents. So at 6.

00:11:47.977 --> 00:11:51.097
x months of those people who said they'd never before.

00:11:51.097 --> 00:11:54.297
had any suicidal thoughts, nearly four.

00:11:54.297 --> 00:11:57.377
were reporting that they.

00:11:57.377 --> 00:12:00.397
had in the last month had suicidal.

00:12:00.397 --> 00:12:03.597
thoughts. So these are people who've never experienced that before.

00:12:03.597 --> 00:12:04.837
and 4% of them.

00:12:04.997 --> 00:12:06.827
Six months, we're experiencing that.

00:12:07.627 --> 00:12:10.847
And in terms of suicidal attempts, 2% and who've?

00:12:10.847 --> 00:12:14.117
never had that experience before, UM.

00:12:14.117 --> 00:12:17.157
months later had experienced that and.

00:12:17.157 --> 00:12:20.797
just over 2% with self harm as well and.

00:12:20.797 --> 00:12:23.637
so you can see that those numbers are quite concerning.

00:12:24.887 --> 00:12:27.897
Then moving on to the regression analysis. So we looked at.

00:12:27.897 --> 00:12:31.237
the demographic factors that are associated with a higher.

00:12:31.237 --> 00:12:34.757
likelihood of reporting any of those 3 outcomes.

00:12:34.757 --> 00:12:38.087
and at baseline being younger and.

00:12:38.087 --> 00:12:41.857
being male and being of mixed ethnicity were associated.

00:12:41.857 --> 00:12:45.057
So statistically significantly associated with.

00:12:45.057 --> 00:12:48.257
a higher likelihood of reporting any one of those.

00:12:48.257 --> 00:12:51.817
or more than one of those 3 outcomes at.

00:12:51.817 --> 00:12:55.557
six months. It was just younger age that was associated.

00:12:55.557 --> 00:12:55.557

00:12:55.697 --> 00:12:58.807
With suicidal ideation or suicidal or.

00:12:58.807 --> 00:13:01.947
self injury and both the time points.

00:13:01.947 --> 00:13:05.217
there wasn't any significant association between.

00:13:05.217 --> 00:13:08.287
those demographics and reporting suicidal attempts so.

00:13:08.287 --> 00:13:11.487
it's just the suicidal thoughts and the self harm and that being.

00:13:11.487 --> 00:13:14.667
younger, being male and being mixed ethnicity.

00:13:14.667 --> 00:13:18.317
ere associated with the baseline and younger age at six months.

00:13:18.317 --> 00:13:18.317

00:13:20.667 --> 00:13:23.827
And then those occupational factors that I'm either the previous.

00:13:23.827 --> 00:13:26.987
research or we thought might be associated with.

00:13:26.987 --> 00:13:30.247
those outcomes and in terms of those suicidal.

00:13:30.247 --> 00:13:33.347
thoughts at baseline and a number of them were.

00:13:33.347 --> 00:13:36.387
in fact associated with having suicidal thoughts.

00:13:36.387 --> 00:13:39.847
So lack of competence in raising safety concerns competence.

00:13:39.847 --> 00:13:43.137
about them being addressed, PPE, lack of support from.

00:13:43.137 --> 00:13:46.247
managers providing his worst end of care and experiencing.

00:13:46.247 --> 00:13:49.967
moral injury. So all of those factors were significantly.

00:13:49.967 --> 00:13:51.047
associated with.

00:13:51.127 --> 00:13:52.877
This idle thoughts at baseline.

00:13:54.897 --> 00:13:58.307
Then once we've adjusted for all of those relevant.

00:13:58.307 --> 00:14:01.467
factors, including demographic factors.

00:14:01.467 --> 00:14:04.507
and at six months, only one of those.

00:14:04.507 --> 00:14:07.537
factors predicted outcomes and.

00:14:07.537 --> 00:14:11.087
that was lack of confidence in safety concerns being addressed.

00:14:11.087 --> 00:14:14.167
a baseline that predicted suicidal thoughts.

00:14:14.167 --> 00:14:17.447
just in clinical staff at six months and.

00:14:17.447 --> 00:14:20.687
so we looked at these outcomes for clinical staff and non.

00:14:20.687 --> 00:14:23.767
clinical staff on the basis that they might have quite different.

00:14:23.767 --> 00:14:25.267
experiences in.

00:14:25.337 --> 00:14:29.677
This context of these kinds of occupational factors.

00:14:29.677 --> 00:14:29.677

00:14:31.697 --> 00:14:34.857
So trying to sort of summarize our results there.

00:14:34.857 --> 00:14:37.977
are a lot of numbers there and we've sort of pinned this down.

00:14:37.977 --> 00:14:41.087
to five key findings in this paper, so.

00:14:41.087 --> 00:14:44.447
one in 10 participants reported suicidal thoughts.

00:14:44.447 --> 00:14:47.927
in the past two months baseline and 3% reporting.

00:14:47.927 --> 00:14:51.207
self harm and 2% reporting attempted suicide.

00:14:51.207 --> 00:14:54.607
And of those who never before had suicidal thoughts.

00:14:54.607 --> 00:14:57.757
one in ten reported them at six months.

00:14:57.757 --> 00:15:00.927
And we know that exposure tomorrow, injury lack.

00:15:00.927 --> 00:15:03.947
of confidence about raising and management of safety concerns and all those.

00:15:03.947 --> 00:15:06.197
other factors, the occupational factors.

00:15:06.417 --> 00:15:09.507
They rule associated at the different time points.

00:15:09.507 --> 00:15:12.627
that baseline, in particular with suicidal thoughts.

00:15:12.627 --> 00:15:15.667
and behaviour, and that this lack of confidence about.

00:15:15.667 --> 00:15:18.787
managing safety concerns seem to be really important in.

00:15:18.787 --> 00:15:21.807
terms of predicting suicidal thoughts at.

00:15:21.807 --> 00:15:25.387
that six month time point among clinicians and.

00:15:25.387 --> 00:15:28.467
we were a little bit surprised, we thought that redeployment might be.

00:15:28.467 --> 00:15:31.487
associated with these things. There was some indication from.

00:15:31.487 --> 00:15:35.187
previous research that might be the case. We didn't find any association.

00:15:35.187 --> 00:15:36.747
in our data.

00:15:37.147 --> 00:15:40.437
Of redeployment and suicidal thoughts and behaviours that.

00:15:40.437 --> 00:15:43.447
may be due to small numbers. We didn't have a huge number of people.

00:15:43.447 --> 00:15:46.657
who had been redeployed, who answered these questions.

00:15:46.657 --> 00:15:49.147
so there might be something about the numbers there.

00:15:50.747 --> 00:15:54.037
And then, yeah, in conclusion, so.

00:15:54.037 --> 00:15:57.537
overall really quite concerning numbers.

00:15:57.537 --> 00:16:00.977
in terms of 30% of our population.

00:16:00.977 --> 00:16:04.237
of our of our samples, sorry, had ever experienced.

00:16:04.237 --> 00:16:07.807
suicidal thoughts and.

00:16:07.807 --> 00:16:10.817
that's quite a lot higher than population levels.

00:16:10.817 --> 00:16:13.867
which is around 20% and.

00:16:13.867 --> 00:16:17.027
there's really important strengths of our study. So we've,

00:16:17.027 --> 00:16:20.377
got longitudinal data rather than just cross sectional.

00:16:20.377 --> 00:16:22.457
So we can look at that follow up data.

00:16:22.577 --> 00:16:25.587
And think about this predictive factor and things that we.

00:16:25.587 --> 00:16:28.897
might be able to intervene on to maybe change these outcomes.

00:16:28.897 --> 00:16:32.387
which is ultimately what we would like to be able to do, of course and.

00:16:32.387 --> 00:16:35.527
we've got a known sampling frame. So we could wait.

00:16:35.527 --> 00:16:38.707
our data and then we've got much more confidence.

00:16:38.707 --> 00:16:41.907
that our results are actually applicable and represent.

00:16:41.907 --> 00:16:45.727
the population from which our sample was drawn there.

00:16:45.727 --> 00:16:49.527
are obviously some limitations as well. There's still a lot to understand.

00:16:49.527 --> 00:16:52.707
and we don't have any pre pandemic data from this.

00:16:52.707 --> 00:16:54.807
particular cohort, which is really important.

00:16:54.907 --> 00:16:58.257
We don't know whether there were already some trends in these things.

00:16:58.257 --> 00:17:01.617
and we just don't know that and.

00:17:01.617 --> 00:17:04.627
so that is a limitation and as you can see from all.

00:17:04.627 --> 00:17:07.637
those different occupational factors that we thought might.

00:17:07.637 --> 00:17:11.077
be involved, only one of those seemed to predict.

00:17:11.077 --> 00:17:14.297
the outcomes across time and we've.

00:17:14.297 --> 00:17:17.417
got a lot more data. We've got data from 12 months.

00:17:17.417 --> 00:17:20.517
and 24 months now and so we can look in much more.

00:17:20.517 --> 00:17:23.577
detail at this same kind of analysis, but over this.

00:17:23.577 --> 00:17:26.457
longer time period and with more data points.

00:17:26.677 --> 00:17:29.167
And so that there is more to come on this.

00:17:30.367 --> 00:17:33.477
And that is me, just a quick.

00:17:33.477 --> 00:17:36.777
complex of interest funding statements say thank you very much obviously.

00:17:36.777 --> 00:17:39.857
to all of our funders and acknowledgements of.

00:17:39.857 --> 00:17:42.527
all the people who have helped with this research.

00:17:45.327 --> 00:17:48.507
Great. Thank you ever so much, Danny, that's.

00:17:48.507 --> 00:17:51.657
really useful. And I noticed at the moment we don't have.

00:17:51.657 --> 00:17:54.997
any new questions. If you have got any questions for Danny.

00:17:54.997 --> 00:17:58.897
or indeed for Sharon or for me when I speak and please.

00:17:58.897 --> 00:18:02.227
do do put them into the question and.

00:18:02.227 --> 00:18:05.487
answer box as we go through and so moving.

00:18:05.487 --> 00:18:08.517
on now to our second speaker, I'd like to.

00:18:08.517 --> 00:18:11.647
introduce doctor Sharon Steve Link. Sharon is.

00:18:11.647 --> 00:18:14.737
a senior lecturer in epidemiology at Kings College.

00:18:14.737 --> 00:18:16.247
London. She's one of the.

00:18:16.327 --> 00:18:19.767
Code chief investigators on NHS check.

00:18:19.767 --> 00:18:22.967
which? UM, you've just heard Danny speak.

00:18:22.967 --> 00:18:26.047
on a little bit and she's going to speak on.

00:18:26.047 --> 00:18:29.647
the truth. Which put another way, slightly more scientifically.

00:18:29.647 --> 00:18:32.787
is our what? Our diagnostic interview study.

00:18:32.787 --> 00:18:35.937
shows, and I won't still her sandwiches, but what?

00:18:35.937 --> 00:18:39.207
I will say before she gets going is that there.

00:18:39.207 --> 00:18:42.267
are lots of media headlines about the.

00:18:42.267 --> 00:18:45.447
NHS and they come on constantly.

00:18:45.447 --> 00:18:49.207
and they quote percentages here and numbers there.

00:18:49.207 --> 00:18:49.207

00:18:49.357 --> 00:18:52.727
And sometimes I think it's quite difficult for.

00:18:52.727 --> 00:18:55.927
the receiver of that information to make sense of it and.

00:18:55.927 --> 00:18:59.167
So what Sharon is gonna speak about is about.

00:18:59.167 --> 00:19:02.247
our teams attempt to try and really.

00:19:02.247 --> 00:19:05.367
drill down and to find out what the truth is. But I'm I will.

00:19:05.367 --> 00:19:08.817
let Sharon take over and tell you the findings. Thank you.

00:19:08.817 --> 00:19:08.817

00:19:10.247 --> 00:19:13.387
Thanks very much, new and hello everyone.

00:19:13.387 --> 00:19:16.987
So Neil already gave her a perfect introduction.

00:19:16.987 --> 00:19:20.267
actually. So he still he stole my Thunder a little bit.

00:19:20.267 --> 00:19:23.317
but indeed you see lots of headlines in.

00:19:23.317 --> 00:19:26.447
the media that there is a tsunami of mental ill health among health.

00:19:26.447 --> 00:19:29.707
coworkers. So our team said off to do a quick.

00:19:29.707 --> 00:19:32.947
scoping review on what's the preference reported.

00:19:32.947 --> 00:19:36.167
in scientific studies about the mental health problems that health care.

00:19:36.167 --> 00:19:37.207
workers might face.

00:19:37.817 --> 00:19:41.257
And most commonly reported outcomes.

00:19:41.257 --> 00:19:44.267
where anxiety, depression and post traumatic stress disorder.

00:19:44.267 --> 00:19:47.507
that lots of research studies looked at. And you can see.

00:19:47.507 --> 00:19:50.707
indeed, that there are wide ranging estimates of.

00:19:50.707 --> 00:19:54.127
how many health care workers may report symptoms.

00:19:54.127 --> 00:19:57.247
of these mental health problems. And we also call that.

00:19:57.247 --> 00:20:00.607
preference. So how many health care workers are the given time?

00:20:00.607 --> 00:20:04.347
may report with symptoms of anxiety, depression or PTSD.

00:20:04.347 --> 00:20:07.547
So some of the estimates you can see are very wide.

00:20:07.547 --> 00:20:11.037
ranging, for example, 9 to 90% for anxiety.

00:20:11.037 --> 00:20:11.047

00:20:11.377 --> 00:20:14.647
5 to 65% for depression and seven.

00:20:14.647 --> 00:20:17.827
7% for post traumatic stress disorder.

00:20:17.827 --> 00:20:20.967

and all the studies that we included where.

00:20:20.967 --> 00:20:23.987
worldwide. So from lots of different countries and.

00:20:23.987 --> 00:20:27.047
also there were some other common characteristics in these.

00:20:27.047 --> 00:20:30.167
studies. So most rare cross sectional. So they're just.

00:20:30.167 --> 00:20:33.267
took a snapshot of how healthcare workers were doing at.

00:20:33.267 --> 00:20:36.527
one point in time. Most of these studies were done.

00:20:36.527 --> 00:20:39.627
online and also focused on frontline staff whereas we.

00:20:39.627 --> 00:20:41.367
also know.

00:20:42.067 --> 00:20:45.107
People who are not frontline have very important jobs in the.

00:20:45.107 --> 00:20:48.157
NHS to keep us all going UM as well as.

00:20:48.157 --> 00:20:51.817
a lot of studies focused on clinical staff instead of non clinical.

00:20:51.817 --> 00:20:55.297
staff who of course are doing a lot of important tasks as well.

00:20:55.297 --> 00:20:55.297

00:20:56.227 --> 00:20:59.467
And another thing that also became.

00:20:59.467 --> 00:21:02.547
clear is that most of these studies use screening.

00:21:02.547 --> 00:21:05.607
measures. So in generally in screening measures.

00:21:05.607 --> 00:21:08.667
a brief tool that identifies so-called.

00:21:08.667 --> 00:21:11.967
n the basis of mental health symptoms, correct.

00:21:11.967 --> 00:21:15.167

rustics or traits and typically cut.

00:21:15.167 --> 00:21:18.507
off score issues as an indicator of probable mental.

00:21:18.507 --> 00:21:22.147
disorder or clinically significant symptoms and.

00:21:22.147 --> 00:21:25.247
you can imagine why people use screening tools because they.

00:21:25.247 --> 00:21:28.547
are quite quick, they are very low cost to roll out.

00:21:28.547 --> 00:21:30.727
when you want to do data collection with large.

00:21:30.817 --> 00:21:33.907
And post such as health care workers. And also you can.

00:21:33.907 --> 00:21:37.187
just send them out via email or paper and you don't really need any.

00:21:37.187 --> 00:21:40.767
trained staff to administer those questions.

00:21:40.767 --> 00:21:44.397
because the person, the participant themselves.

00:21:44.397 --> 00:21:47.487
are going to fill it in. So you can imagine that especially.

00:21:47.487 --> 00:21:50.667
at the start of the COVID-19 pandemic, there was a huge reliance.

00:21:50.667 --> 00:21:53.817
on tools like this. However, we also noticed.

00:21:53.817 --> 00:21:57.407
that those tools are not perfect because we.

00:21:57.407 --> 00:22:00.587
know that the cut off scores used on these screening.

00:22:00.587 --> 00:22:01.667
tools to identify.

00:22:01.727 --> 00:22:05.057
Baseness. They faith a sensitivity over.

00:22:05.057 --> 00:22:08.637
specificity. So it means that they are more likely.

00:22:08.637 --> 00:22:11.737

to incorrectly identify health care workers.

00:22:11.737 --> 00:22:15.337
as meeting criteria for mental disorder. So.

00:22:15.337 --> 00:22:18.157
they will over estimate the preference.

00:22:19.237 --> 00:22:22.607
And of course, that's not always helpful if that happens.

00:22:22.607 --> 00:22:22.607

00:22:24.007 --> 00:22:27.317
So then our team set off to actually.

00:22:27.317 --> 00:22:30.897
try and come up with a more accurate preference.

00:22:30.897 --> 00:22:34.217
of common mental disorders and post traumatic stress.

00:22:34.217 --> 00:22:37.477
disorder. So how did we do that? So a gold.

00:22:37.477 --> 00:22:40.517
standard to identify mental disorders is a.

00:22:40.517 --> 00:22:43.537
diagnostic interview. So that's what the clinician.

00:22:43.537 --> 00:22:47.097
would used to identify whether a patient indeed.

00:22:47.097 --> 00:22:51.137
has depression or post traumatic stress disorder. So.

00:22:51.137 --> 00:22:54.337
what we did is we set up a two phase design.

00:22:54.337 --> 00:22:54.337

00:22:54.617 --> 00:22:57.847
To establish a more accurate estimate of common.

00:22:57.847 --> 00:23:01.827
mental disorders and post traumatic stress disorders in a representative.

00:23:01.827 --> 00:23:04.867
sample of health care workers, so we ensure.

00:23:04.867 --> 00:23:07.987
that the healthcare workers we included in this nested study.

00:23:07.987 --> 00:23:11.487
in and HS check we could generalize the findings.

00:23:11.487 --> 00:23:14.427
to the health care worker population at large in England.

00:23:15.227 --> 00:23:18.377
So we also use screening tools in first instance that.

00:23:18.377 --> 00:23:21.937
are very commonly used across research.

00:23:21.937 --> 00:23:25.357
So the general health questionnaires often used to explore symptoms.

00:23:25.357 --> 00:23:28.477
of common mental disorders. And then we also used.

00:23:28.477 --> 00:23:31.657
the PTSD checklist. So that's like a screening tool.

00:23:31.657 --> 00:23:33.837
to assess for symptoms of PTSD.

00:23:34.567 --> 00:23:37.777
However, in addition to that, we also use the.

00:23:37.777 --> 00:23:40.857
gold standard diagnostic interviews for each of.

00:23:40.857 --> 00:23:44.077
these disorders. So the clinical interview.

00:23:44.077 --> 00:23:47.477
schedule revised version is the gold standard.

00:23:47.477 --> 00:23:51.437
so used by clinicians to identify.

00:23:51.437 --> 00:23:54.707
common mental disorders such as ecity and.

00:23:54.707 --> 00:23:57.757
depression in patients, and then also.

00:23:57.757 --> 00:24:01.097
we used the clinical administered PTSD skills.

00:24:01.097 --> 00:24:04.107
so the caps. So again that's used.

00:24:04.107 --> 00:24:05.037
to identify.

00:24:05.127 --> 00:24:08.347
Each SD as a diagnosable mental disorder.

00:24:08.347 --> 00:24:08.347

00:24:10.597 --> 00:24:13.767
So we used these methods in 200.

00:24:13.767 --> 00:24:17.137
healthcare workers who we assessed for common mental.

00:24:17.137 --> 00:24:20.907
disorders and 96 for PTSD.

00:24:20.907 --> 00:24:24.127
using these gold standard diagnostic interviews.

00:24:24.127 --> 00:24:27.187
And we sampled these healthcare workers based.

00:24:27.187 --> 00:24:30.627
on half of their meeting. The criteria on these screening.

00:24:30.627 --> 00:24:33.907
tools because we needed to use that information.

00:24:33.907 --> 00:24:37.247
to be able to calculate population.

00:24:37.247 --> 00:24:40.487
preferences. Then we also used.

00:24:40.487 --> 00:24:41.847
weighing so Danny.

00:24:41.927 --> 00:24:45.177
Danny already cloned the explained why weighing is important.

00:24:45.177 --> 00:24:48.577
because we want to ensure that the findings also in this study
where.

00:24:48.577 --> 00:24:51.697
representative of the healthcare workers who were.

00:24:51.697 --> 00:24:54.877
in the NHS at the time in England, so we.

00:24:54.877 --> 00:24:58.177
combined information from diagnostic interviews and.

00:24:58.177 --> 00:25:01.897
weighing to generate these population estimates.

00:25:01.897 --> 00:25:05.027
of common mental disorders and post traumatic.

00:25:05.027 --> 00:25:08.537
stress disorder among health care workers. So.

00:25:08.537 --> 00:25:11.837
what did we find? So as we expected.

00:25:11.837 --> 00:25:13.497
the population preference.

00:25:14.217 --> 00:25:17.517
Was about two to three times lower when we used.

00:25:17.517 --> 00:25:21.087
he gold standard diagnostic interviews versus.

00:25:21.087 --> 00:25:24.107
the screening tools. And as I said, we.

00:25:24.107 --> 00:25:27.227
knew actually already beforehand that screening tools often.

00:25:27.227 --> 00:25:30.427
over estimate preference estimates, but now we also.

00:25:30.427 --> 00:25:33.937
really have the real evidence to underpin that assumption.

00:25:33.937 --> 00:25:33.937

00:25:35.127 --> 00:25:38.277
So you can see that when we use the screening tool to.

00:25:38.277 --> 00:25:41.477
assess common mental disorders, about one and two.

00:25:41.477 --> 00:25:44.837
health care workers met the cutoff that is often.

00:25:44.837 --> 00:25:48.097
used to identify anxiety.

00:25:48.097 --> 00:25:51.237
and then press and depression symptoms. But when we?

00:25:51.237 --> 00:25:55.127
then use the gold standard diagnostic interview information.

00:25:55.127 --> 00:25:58.217
that we also did with the same.

00:25:58.217 --> 00:26:01.657
healthcare workers, one in five healthcare workers.

00:26:01.657 --> 00:26:04.967
met the criteria for diagnosable.

00:26:04.967 --> 00:26:06.007
mental disorder.

00:26:07.237 --> 00:26:10.417
Again, a similar pattern we see with post traumatic stress.

00:26:10.417 --> 00:26:13.507
disorder, about one in four healthcare workers met the.

00:26:13.507 --> 00:26:16.587
criteria for PTSD when using a screening.

00:26:16.587 --> 00:26:20.047
tool. But when we then use the gold standard.

00:26:20.047 --> 00:26:23.167
diagnostic interview tool, this dropped to about.

00:26:23.167 --> 00:26:24.017
8%.

00:26:24.837 --> 00:26:28.247
So you can see really that screening tools really.

00:26:28.247 --> 00:26:31.327
over estimate the number of healthcare workers who.

00:26:31.327 --> 00:26:34.567
may have symptoms of mental health problems and.

00:26:34.567 --> 00:26:38.227
also within the diagnostic interview, you can also specifically.

00:26:38.227 --> 00:26:42.007
look at, for example, symptoms of anxiety disorder and depression.

00:26:42.007 --> 00:26:45.137
and again about 14% of health care workers met.

00:26:45.137 --> 00:26:48.367
the criteria for anxiety when using the gold standard.

00:26:48.367 --> 00:26:51.487
diagnostic interview and the same for depression.

00:26:51.487 --> 00:26:51.487

00:26:55.657 --> 00:26:58.907
So then in conclusion, despite.

00:26:58.907 --> 00:27:02.897
what we hear and see and read in the media on a daily basis.

00:27:02.897 --> 00:27:02.897

00:27:03.517 --> 00:27:06.527
It's not as bad as it seems, however, it's.

00:27:06.527 --> 00:27:09.667
still important to notify that about one in five healthcare.

00:27:09.667 --> 00:27:12.747
workers are likely to meet criteria for diagnosable.

00:27:12.747 --> 00:27:16.127
mental disorder, and in this case, symptoms.

00:27:16.127 --> 00:27:19.407
of depression and anxiety. So one might wonder.

00:27:19.407 --> 00:27:22.447
how does this compare to the general population so.

00:27:22.447 --> 00:27:25.927
when we look to high quality population based studies?

00:27:25.927 --> 00:27:29.487
common mental disorders are more or less comparable.

00:27:29.487 --> 00:27:32.897
than what we see in health care workers. So also about one in five.

00:27:32.897 --> 00:27:35.347
members of the general public meet criteria.

00:27:35.477 --> 00:27:38.837
For common mental disorders, however, a slightly.

00:27:38.837 --> 00:27:42.297
different picture rises when we look at post traumatic stress disorder.

00:27:42.297 --> 00:27:45.517
So our diagnostic interviews found out about 8.

00:27:45.517 --> 00:27:49.017

of health care workers met the criteria for PTSD.

00:27:49.017 --> 00:27:52.937
whereas in the general population, that percentage.

00:27:52.937 --> 00:27:56.197
s around 4%. So we actually do see a doubling.

00:27:56.197 --> 00:28:00.277
of the risk for PTSD in healthcare workers compared to the general population.

00:28:00.277 --> 00:28:00.277

00:28:01.877 --> 00:28:04.267
So I also think for researchers who are very.

00:28:05.037 --> 00:28:08.527
Eager to use screening tools because they are quick and easy.

00:28:08.527 --> 00:28:11.567
there's something that we can do better like we need.

00:28:11.567 --> 00:28:15.307
to be mindful when we use results from a screening measure.

00:28:15.307 --> 00:28:18.367
Like what do those results really tell us and should?

00:28:18.367 --> 00:28:21.717
we do something more to further calibrate?

00:28:21.717 --> 00:28:24.887
Like the threshold that we use to say whether people.

00:28:24.887 --> 00:28:28.227
do or do not meet symptoms for certain mental disorder.

00:28:28.227 --> 00:28:31.257
And also I think they're definitely implications.

00:28:31.257 --> 00:28:34.267
for workplace functioning. So we know that people have a.

00:28:34.267 --> 00:28:35.967
diagnosable mental disorder.

00:28:36.357 --> 00:28:39.597
That it will be hard for them to function at work and.

00:28:39.597 --> 00:28:42.727
you can imagine that also. Then the quality of patient.

00:28:42.727 --> 00:28:45.847
care people receive might might reduce because people.

00:28:45.847 --> 00:28:49.227
are just not feeling well at work. So we think it's very important.

00:28:49.227 --> 00:28:52.407
that the health care workers who indeed had actual symptoms.

00:28:52.407 --> 00:28:55.567
of mental distress or mental disorder, do you get?

00:28:55.567 --> 00:28:59.787
the treatment they deserve and need urgently and.

00:28:59.787 --> 00:29:04.087
also I think there's something for us to consider about labeling.

00:29:04.087 --> 00:29:07.367
this thress as like mental disorder.

00:29:07.367 --> 00:29:07.367

00:29:07.437 --> 00:29:11.037
Is not really helpful. It's just an over medicalization.

00:29:11.037 --> 00:29:14.557
of distress that might happen in everyone's days life and also.

00:29:14.557 --> 00:29:18.157
possible over medicalization of distress.

00:29:18.157 --> 00:29:21.337
What we should be mindful of, and also we know.

00:29:21.337 --> 00:29:24.597
like it's quite hard and lots of waiting lists for.

00:29:24.597 --> 00:29:27.927
to access mental healthcare services. So we need to be mindful.

00:29:27.927 --> 00:29:31.317
hat those services are being used by people who actually.

00:29:31.317 --> 00:29:33.517
have a diagnosable mental disorder.

00:29:33.947 --> 00:29:34.557
UM.

00:29:35.457 --> 00:29:38.487
Instead of like more widely, because there are only.

00:29:38.487 --> 00:29:40.287
scarce resources to be used.

00:29:41.737 --> 00:29:44.987
So that was my part of the presentation.

00:29:44.987 --> 00:29:46.707
So thanks very much everyone.

00:29:49.267 --> 00:29:52.877
Thanks very much indeed, Sharon. Hopefully that was a.

00:29:52.877 --> 00:29:55.887
an informative talk. I certainly thought. So glad to see.

00:29:55.887 --> 00:29:59.317
there's some questions coming through now, which is a fabulous and.

00:29:59.317 --> 00:30:02.477
now I get the real pleasure of introducing myself to.

00:30:02.477 --> 00:30:03.977
give the next talk.

00:30:04.057 --> 00:30:07.227
And I'm going to speak.

00:30:07.227 --> 00:30:10.427
on moral injury in healthcare workers.

00:30:10.427 --> 00:30:11.587
which?

00:30:13.207 --> 00:30:16.777
Hopefully I'll be able to do it just a second shared screen.

00:30:16.777 --> 00:30:16.777

00:30:18.667 --> 00:30:21.827
Men aren't very good at multitasking. Well, this man's not. Anyway, that's.

00:30:21.827 --> 00:30:22.397
for sure.

00:30:22.477 --> 00:30:22.897
Letters.

00:30:24.397 --> 00:30:27.797
And OK, so I'm gonna speak on.

00:30:27.797 --> 00:30:31.137
moral injury and healthcare workers and I as.

00:30:31.137 --> 00:30:34.157
I said already, I'm a professor of defense mental health at.

00:30:34.157 --> 00:30:37.597
kings. I'm one of the chief investigators on NHS.

00:30:37.597 --> 00:30:40.657
check too. But this work although I.

00:30:40.657 --> 00:30:43.777
let it is certainly done by the whole team and a number of.

00:30:43.777 --> 00:30:47.037
other fabulous research workers are gathered data and done.

00:30:47.037 --> 00:30:48.747
the majority of the analysis.

00:30:50.327 --> 00:30:53.497
So in terms of moral injury, what do we know about it? Well.

00:30:53.497 --> 00:30:56.937
the first thing to say is it's not a diagnosis. It's very.

00:30:56.937 --> 00:30:59.977
much spoken about frequently in lots.

00:30:59.977 --> 00:31:03.257
of different fields, particularly actually in the military.

00:31:03.257 --> 00:31:06.317
But it's really important to note that if you go.

00:31:06.317 --> 00:31:09.617
to a diagnostic textbook, you won't find.

00:31:09.617 --> 00:31:12.807
moral injury in there as something in.

00:31:12.807 --> 00:31:16.477
terms of diagnosis. What it is it describes.

00:31:16.477 --> 00:31:19.487
the really profound distress that.

00:31:19.487 --> 00:31:20.857
people experience.

00:31:21.077 --> 00:31:24.337
When they're putting a situation that clashes with their moral.

00:31:24.337 --> 00:31:27.547
or ethical code, so often at the heart of a moral.

00:31:27.547 --> 00:31:30.727
injury, there is the situation where someone might say.

00:31:30.727 --> 00:31:33.847
I should never have been asked to do that, or this is.

00:31:33.847 --> 00:31:36.887
just not right. And what that can.

00:31:36.887 --> 00:31:40.147
do is to either have no effect, it can.

00:31:40.147 --> 00:31:43.327
lead to some short term distress, it can lead.

00:31:43.327 --> 00:31:46.687
to a more permanent per sustaining.

00:31:46.687 --> 00:31:49.847
a set of difficulties such as guilt.

00:31:49.847 --> 00:31:51.427
anger, shame.

00:31:51.507 --> 00:31:54.587
Or discussed or it can lead to actual.

00:31:54.587 --> 00:31:58.497
mental illness such as poster matic, stress disorder, depression.

00:31:58.497 --> 00:31:59.347
or anxiety.

00:32:00.297 --> 00:32:03.547
And the three ways that people can experience.

00:32:03.547 --> 00:32:06.707
morally moral injury are acts of.

00:32:06.707 --> 00:32:09.837
Commission. So things that I or other people.

00:32:09.837 --> 00:32:13.047
did that they shouldn't have done, people might think that there are monster.

00:32:13.047 --> 00:32:16.147
of people knew what I had done that might be giving the.

00:32:16.147 --> 00:32:19.237
wrong medication. It might be doing the wrong.

00:32:19.237 --> 00:32:22.367

thing and another way that you.

00:32:22.367 --> 00:32:25.497
at you can experience it is through acts of omission.

00:32:25.497 --> 00:32:28.597
re you don't do anything or where somebody stands by.

00:32:28.597 --> 00:32:30.727
and freezes and doesn't give help.

00:32:30.797 --> 00:32:34.427
It doesn't give support or doesn't give care or betrayal.

00:32:34.427 --> 00:32:37.567
and betrayal is often by a higher.

00:32:37.567 --> 00:32:40.907
authority, and by that I mean it's your manager, your.

00:32:40.907 --> 00:32:43.977
supervisor, it's the executives. It's the head of.

00:32:43.977 --> 00:32:47.467
department. It's the hospital. It's that the government.

00:32:47.467 --> 00:32:50.567
It's even the nation. And to portray these.

00:32:50.567 --> 00:32:53.707
people feeling let down by other people who should have been looking.

00:32:53.707 --> 00:32:56.847
out for them. This is a study that some of us did.

00:32:56.847 --> 00:33:00.727
myself. Myself and Sharon were part of the team where we looked at.

00:33:00.727 --> 00:33:00.727

00:33:00.977 --> 00:33:04.017
And potentially morally injurious events. And.

00:33:04.017 --> 00:33:07.087
heir impact on mental ill health and going back.

00:33:07.087 --> 00:33:10.407
to Denny's talk earlier on, one of the things we identified.

00:33:10.407 --> 00:33:13.887
is that it has got a link to suicidality.

00:33:13.887 --> 00:33:16.967
which which very much fits with what Danny was.

00:33:16.967 --> 00:33:20.487
saying earlier on, but also a link to PTSD and depression.

00:33:20.487 --> 00:33:20.487

00:33:21.887 --> 00:33:24.917
And angry percent kind of two bits.

00:33:24.917 --> 00:33:28.017
of data. One is quantitative than.

00:33:28.017 --> 00:33:31.457
the other is qualitative. First of all the quantitative.

00:33:31.457 --> 00:33:34.627
study which was done and back in.

00:33:34.627 --> 00:33:37.877
the sort of early part of the pandemic, we gathered data sort.

00:33:37.877 --> 00:33:41.137
of from April to the end of 2020.

00:33:41.137 --> 00:33:44.667
And what we found is that during that period so related to.

00:33:44.667 --> 00:33:47.847
the first year of the pandemic, nearly 1/3 of healthcare.

00:33:47.847 --> 00:33:50.957
workers reported being exposed to these morally.

00:33:50.957 --> 00:33:51.957
injurious events.

00:33:52.447 --> 00:33:55.537
And they were associated with adverse mental health.

00:33:55.537 --> 00:33:58.557
symptoms, and it's important to say that our study.

00:33:58.557 --> 00:34:02.117
NHS check includes frontline clinical staff.

00:34:02.117 --> 00:34:05.417
but also the administrative staff and the other staff.

00:34:05.417 --> 00:34:08.647
in hospitals that make the hospital one which.

00:34:08.647 --> 00:34:11.927
t which you wouldn't have a healthcare service and potentially.

00:34:11.927 --> 00:34:14.957
morally injurious events were experienced.

00:34:14.957 --> 00:34:18.397
by both groups of people. It wasn't just clinicians we.

00:34:18.397 --> 00:34:21.877
found that redeployment, lack of PPE, which about.

00:34:21.877 --> 00:34:22.717
and lack of support.

00:34:22.787 --> 00:34:26.167
Is associated with moral injury and.

00:34:26.167 --> 00:34:29.427
in All Star groups, those who had more potentially morally.

00:34:29.427 --> 00:34:32.777
injurious exposures have worse mental health and.

00:34:32.777 --> 00:34:35.887
this is sort of putting it together in a pictorial way.

00:34:35.887 --> 00:34:39.187
And there were four different columns here.

00:34:39.187 --> 00:34:42.367
This is general mental health. This is anxiety symptoms.

00:34:42.367 --> 00:34:45.667
depression symptoms, and trauma symptoms.

00:34:45.667 --> 00:34:48.807
And these are people who had low exposure, moderate.

00:34:48.807 --> 00:34:51.827
exposure and high exposure to these potentially morally.

00:34:51.827 --> 00:34:52.627
injurious events.

00:34:52.977 --> 00:34:56.097
And what you can see here is it's the group who have the highest exposure.

00:34:56.097 --> 00:34:59.277
who have the most likelihood of having mental.

00:34:59.277 --> 00:35:02.487
health symptoms. And again, these figures are.

00:35:02.487 --> 00:35:05.647
not likely to be truth going back to Sharon's talk.

00:35:05.647 --> 00:35:08.877
But they represent that it's the group with the most symptoms who have.

00:35:08.877 --> 00:35:10.497
the most exposure to more injury.

00:35:11.697 --> 00:35:14.947
And perhaps unsurprising for those of you who are in the IT.

00:35:14.947 --> 00:35:18.297
working in the NHS and is the most common reason.

00:35:18.297 --> 00:35:21.907
that people report moral injury as events.

00:35:21.907 --> 00:35:25.107
and moral injury is that they feel betrayed, they feel let.

00:35:25.107 --> 00:35:28.267
down. And we thought when we did this.

00:35:28.267 --> 00:35:31.367
initial study, that this was really important because we needed.

00:35:31.367 --> 00:35:34.447
to find out who they felt let down by because.

00:35:34.447 --> 00:35:37.687
that would allow us then to try and design interventions.

00:35:37.687 --> 00:35:40.707
to try and repair and help.

00:35:40.707 --> 00:35:41.687
people with moral injury.

00:35:41.767 --> 00:35:42.567
To recover.

00:35:44.047 --> 00:35:47.417
So we were very luckily funded by.

00:35:47.417 --> 00:35:50.457
Milano Blahnik, the people who make very nice.

00:35:50.457 --> 00:35:53.577
footwear, who have a great interest also in.

00:35:53.577 --> 00:35:56.657

healthcare staff, which is lovely to know and they funded us to.

00:35:56.657 --> 00:36:00.417
do a qualitative study of moral injury and.

00:36:00.417 --> 00:36:03.777
one of our colleagues, Shavon, who's currently moved on training.

00:36:03.777 --> 00:36:06.897
to be a clinical psychologist now and.

00:36:06.897 --> 00:36:11.717
another colleague carefully interviewed many.

00:36:11.717 --> 00:36:14.677
healthcare staff from our main study in order to find out.

00:36:14.807 --> 00:36:17.957
And exactly what it was that was causing the moral.

00:36:17.957 --> 00:36:21.337
injury and allowing us to make recommendations about.

00:36:21.337 --> 00:36:23.277
what to do about that.

00:36:24.397 --> 00:36:27.407
So although we have 18 trusts within any.

00:36:27.407 --> 00:36:30.417
NHS, check for the purpose of this interview based.

00:36:30.417 --> 00:36:33.807
study we recruited from 12 trusts. We carried out 30.

00:36:33.807 --> 00:36:36.987
N depth interviews we transcribed.

00:36:36.987 --> 00:36:40.507
what people told us and we used reflective natic analysis.

00:36:40.507 --> 00:36:43.907
as our way of basically trying to look for the.

00:36:43.907 --> 00:36:47.047
key themes that came out of what was told.

00:36:47.047 --> 00:36:50.297
in order to try and identify where the moral injury.

00:36:50.297 --> 00:36:51.687
causation came from.

00:36:52.717 --> 00:36:55.767

So this is putting our finest together in a pictorial way.

00:36:55.767 --> 00:36:58.947
and we found that many and remember.

00:36:58.947 --> 00:37:02.577
this is happening sort of during the pandemic.

00:37:02.577 --> 00:37:05.877
2021 and so.

00:37:05.877 --> 00:37:08.487
that's the time period when we gather this data.

00:37:09.377 --> 00:37:12.627
Staff, therefore, we're telling us that they fell ill.

00:37:12.627 --> 00:37:15.667
equipped and under supported and importantly for them in terms.

00:37:15.667 --> 00:37:18.807
of the moral injury findings, is that led to them feeling.

00:37:18.807 --> 00:37:22.227
unable to provide a reasonable duty care to their.

00:37:22.227 --> 00:37:25.547
patients and some people were able.

00:37:25.547 --> 00:37:29.067
to avoid this moral dissonance, so this feeling.

00:37:29.067 --> 00:37:32.747
of it's not right. I should never have been put in that position either.

00:37:32.747 --> 00:37:35.927
They said I wouldn't do it. I'm not going to do that.

00:37:35.927 --> 00:37:39.477
work because it's outside of my values and I don't think it's safe and.

00:37:39.477 --> 00:37:39.477

00:37:39.787 --> 00:37:40.297
And.

00:37:41.247 --> 00:37:44.607
Or sometimes they did do it, but they made populating.

00:37:44.607 --> 00:37:47.857
allowances for it, saying well, it's an emergency now.

00:37:47.857 --> 00:37:51.217
it's a crisis. It's something different to normal, so it's OK.

00:37:51.217 --> 00:37:54.357
to act in this way, my value remains true.

00:37:54.357 --> 00:37:57.427
but in a crisis we all sometimes have to act in.

00:37:57.427 --> 00:38:00.937
a different way. And many people, though, experience.

00:38:00.937 --> 00:38:03.947
this distress. This dissolution went, which is as.

00:38:03.947 --> 00:38:07.227
know is often mentioned in the newspaper and there.

00:38:07.227 --> 00:38:10.437
was, importantly a group of people who managed to.

00:38:10.437 --> 00:38:11.177
adapt.

00:38:11.357 --> 00:38:14.417
With the situation and they were able to do what's called.

00:38:14.417 --> 00:38:17.737
reframing, which is to think about the situation in.

00:38:17.737 --> 00:38:20.887
a different way. And if you think perhaps too you.

00:38:20.887 --> 00:38:23.997
n there's an earthquake and after days.

00:38:23.997 --> 00:38:25.217
of digging in the rubble.

00:38:25.337 --> 00:38:28.347
And we managed to pull out one.

00:38:28.347 --> 00:38:31.547
young child or one elderly person, even though.

00:38:31.547 --> 00:38:34.627
many hundreds of people have died. You can still take a lot of comfort.

00:38:34.627 --> 00:38:38.107
from the fact that you save one life and it despite.

00:38:38.107 --> 00:38:41.187

the huge amount of the tragedy and what people here were able.

00:38:41.187 --> 00:38:44.307
to do, is to is to look at the situations they were put.

00:38:44.307 --> 00:38:47.547
in a different way in order to try and make sense.

00:38:47.547 --> 00:38:47.887
of them.

00:38:49.397 --> 00:38:49.827
And.

00:38:50.697 --> 00:38:51.137
So.

00:38:52.057 --> 00:38:55.327
Taking that in a slightly sort of different way of putting it is that these.

00:38:55.327 --> 00:38:58.867
strong, morally injurious experiences.

00:38:58.867 --> 00:39:02.267
led to feelings of anger, guilt, disillusionment.

00:39:02.267 --> 00:39:05.467
people considering leaving the NHS, and it led.

00:39:05.467 --> 00:39:08.947
to heightened mood, heightened anxiety, low mood and sleep disturbance.

00:39:08.947 --> 00:39:12.487
None of that will be particularly surprising. These are mental health symptoms.

00:39:12.487 --> 00:39:13.947
which are common.

00:39:14.787 --> 00:39:18.017
And as you said, there were two ways of.

00:39:18.017 --> 00:39:21.497
kind of getting to this adaptive situation.

00:39:21.497 --> 00:39:24.707
where they were able to reframe some people just.

00:39:24.707 --> 00:39:27.937
switched off. They kind of got on with it, didn't think about it and decided.

00:39:27.937 --> 00:39:31.097
to move on and not think about the morally injurious.

00:39:31.097 --> 00:39:34.127
event that seemed to help in the short term.

00:39:34.127 --> 00:39:37.247
but probably wasn't very useful in the long term those.

00:39:37.247 --> 00:39:40.457
who were able to reframe to sort of change the way they thought.

00:39:40.457 --> 00:39:43.717
about it often did it by speaking to.

00:39:43.717 --> 00:39:45.117
other people who.

00:39:45.337 --> 00:39:48.467
They found useful and they felt they could trust that was often.

00:39:48.467 --> 00:39:51.587
colleagues. Sometimes it was mental health professionals.

00:39:51.587 --> 00:39:54.907
Sometimes it was trusts doing formal.

00:39:54.907 --> 00:39:57.997
reflective practice groups, and you might have heard of Schwartz.

00:39:57.997 --> 00:40:01.307
bounds as an example of, and sometimes it was their manager.

00:40:01.307 --> 00:40:04.467
or supervisor. But overall, in terms of distraction.

00:40:04.467 --> 00:40:07.507
versus reframing, where you could reframe that.

00:40:07.507 --> 00:40:10.387
was a better adaptive outcome in the longer term.

00:40:11.987 --> 00:40:15.337
So really we wanted to take that and.

00:40:15.337 --> 00:40:18.707
try and see where we could use that information.

00:40:18.707 --> 00:40:21.877
to try and think about how to change systems and perhaps one.

00:40:21.877 --> 00:40:25.277
more piece that I think is important here from our data that's.

00:40:25.277 --> 00:40:28.527
sorry didn't come out perhaps quite so clearly earlier on is that.

00:40:28.527 --> 00:40:31.877
when we looked at where the betrayal sat it.

00:40:31.877 --> 00:40:35.077
often wasn't someone's immediate manager or it often wasn't.

00:40:35.077 --> 00:40:38.297
someone's colleague. It was often much higher up in the.

00:40:38.297 --> 00:40:41.357
hierarchy. So it might be the head of department, it might be the.

00:40:41.357 --> 00:40:42.277
trust board.

00:40:42.477 --> 00:40:45.807
It might be the NHS executive. It might even be the government.

00:40:45.807 --> 00:40:49.487
and that's important because interventions.

00:40:49.487 --> 00:40:52.547
that do reflective practice that help people.

00:40:52.547 --> 00:40:55.707
try and create meaning are often done at team level.

00:40:55.707 --> 00:40:59.387
and that's great. But if the team.

00:40:59.387 --> 00:41:02.487
actually all experience these moral injury.

00:41:02.487 --> 00:41:05.647
more injurious events at the same time and in the same.

00:41:05.647 --> 00:41:08.747
way, it's very hard for the team supervisor to try and.

00:41:08.747 --> 00:41:11.847
create meaning when they too have been affected by what's.

00:41:11.847 --> 00:41:12.347
going on.

00:41:12.597 --> 00:41:15.807
And when they all see that it's outside of the team.

00:41:15.807 --> 00:41:19.627
that is the cause of their of their moral injury. So.

00:41:19.627 --> 00:41:20.847
we ran.

00:41:21.967 --> 00:41:25.177
Some workshops, some policy labs, they were called.

00:41:25.177 --> 00:41:28.517
rying to get a sense of how we can improve.

00:41:28.517 --> 00:41:31.957
mental health more generally, and I just want to use those.

00:41:31.957 --> 00:41:35.227
and talk about them briefly at three levels.

00:41:35.227 --> 00:41:39.157
in order to try and think about how we might improve things so.

00:41:39.157 --> 00:41:42.517
we want to try and get the basics right. We want to create a good culture.

00:41:42.517 --> 00:41:45.577
and we want to learn and plan so that we can do things better.

00:41:45.577 --> 00:41:48.877
next time. And you can think about this at national level.

00:41:48.877 --> 00:41:52.397
system level, organizational level, that is and team level.

00:41:52.397 --> 00:41:52.397

00:41:52.697 --> 00:41:55.727
So the national and system level, we know we need.

00:41:55.727 --> 00:41:58.887
to have a plan and hopefully.

00:41:58.887 --> 00:42:02.327
the workforce plan is part of that, know that will come to see.

00:42:02.327 --> 00:42:04.387
but we need a plan we're actually.

00:42:04.617 --> 00:42:07.727
And staff within the NHS believe.

00:42:07.727 --> 00:42:11.067
that the cavalry are coming, that they believe that actually.

00:42:11.067 --> 00:42:14.187
that this current crisis and the previous crisis.

00:42:14.187 --> 00:42:17.727
is not just going to lead into the next crisis that we're going to get the right workforce.

00:42:17.727 --> 00:42:20.927
that actually starve, rather going to get properly rewarded and.

00:42:20.927 --> 00:42:24.187
that actually across the NHS.

00:42:24.187 --> 00:42:27.587
that things will change. Now, I'm not saying that we can instantly.

00:42:27.587 --> 00:42:30.747
as our research team create that, but what we know is that.

00:42:30.747 --> 00:42:33.787
actually in order to reduce the impact.

00:42:33.787 --> 00:42:35.207
of morally injurious events.

00:42:35.397 --> 00:42:38.627
We need to a national level, have a belief that actually there.

00:42:38.627 --> 00:42:41.687
is some light at the end of the tunnel and.

00:42:41.687 --> 00:42:44.747
that's down to governments to do that. But.

00:42:44.747 --> 00:42:47.967
the key thing here is that if we can do that at a national.

00:42:47.967 --> 00:42:51.087
level, that will filter down and affect people who are.

00:42:51.087 --> 00:42:54.527
on the frontline at organizational level.

00:42:54.527 --> 00:42:57.627
Again, looking at those same three kind of headings and not going.

00:42:57.627 --> 00:43:00.727
to go through every single piece here. But what we need to.

00:43:00.727 --> 00:43:03.967
do there is at a system level, the organizational level is.

00:43:03.967 --> 00:43:07.507
to have the Trust Board and the trust seniors and the heads of department.

00:43:07.507 --> 00:43:07.507

00:43:07.717 --> 00:43:11.287
Speak honestly with staff about.

00:43:11.287 --> 00:43:14.357
the challenges and we know from the research work we've.

00:43:14.357 --> 00:43:17.427
done and also from other members of the team interacting with.

00:43:17.427 --> 00:43:20.867
senior people within the trust, but actually.

00:43:20.867 --> 00:43:23.907
the difficulties in dealing with these events that.

00:43:23.907 --> 00:43:27.047
are morally challenging doesn't just sit at the front line.

00:43:27.047 --> 00:43:30.207
It's equally as different difficult for senior managers.

00:43:30.207 --> 00:43:33.227
to make the right decisions. So what we need is.

00:43:33.227 --> 00:43:36.327
some honesty and I know.

00:43:36.327 --> 00:43:39.467
that sounds like we're not going to get that. But actually we've got a number.

00:43:39.467 --> 00:43:40.977
of our trusts have agreed.

00:43:41.227 --> 00:43:44.577
And to look at an intervention where basically we would bring.

00:43:44.577 --> 00:43:48.157
senior trust executives together with teams.

00:43:48.157 --> 00:43:51.737
and we would facilitate an honest, meaningful.

00:43:51.737 --> 00:43:54.957
conversation. So that actually hopefully both sides.

00:43:54.957 --> 00:43:58.157
could fully appreciate that. It's not the seniors letting.

00:43:58.157 --> 00:44:01.237
me down and it's not the frontline staff not doing what they're.

00:44:01.237 --> 00:44:04.317
able to. It's actually and this is a cheesy phrase.

00:44:04.317 --> 00:44:07.457
I get that. But it even if we're not always in the same boat, we're.

00:44:07.457 --> 00:44:10.637
absolutely in the same storm. So it's trying to create.

00:44:10.637 --> 00:44:12.087
a meaningful narrative.

00:44:12.217 --> 00:44:15.227
We're actually and there can be reparation.

00:44:15.227 --> 00:44:18.387
because the senior people and the junior people actually.

00:44:18.387 --> 00:44:22.227
become towards at least being on the same script and.

00:44:22.227 --> 00:44:25.387
then in teams where particular event happens then.

00:44:25.387 --> 00:44:28.487
we need to ensure that we encourage team members.

00:44:28.487 --> 00:44:31.627
to have each other's back. So actually we're looking out to try and.

00:44:31.627 --> 00:44:35.447
create meaning within a team as well as meaning within our organization.

00:44:35.447 --> 00:44:38.487
And I and I understand that that's sounds a bit kind of nebulous.

00:44:38.487 --> 00:44:42.307
But the key thing here is to get people speaking honestly.

00:44:42.307 --> 00:44:42.307

00:44:42.467 --> 00:44:45.917
In a safe manner and trying to create.

00:44:45.917 --> 00:44:49.117
this meaningful narrative.

00:44:49.117 --> 00:44:52.167
that's a story which doesn't end up with its all my fault or it's.

00:44:52.167 --> 00:44:55.477

all someone else's fault. But it ends up with the idea that we are.

00:44:55.477 --> 00:44:58.777
in this together and.

00:44:58.777 --> 00:45:01.937
hopefully we are trying to get some research money.

00:45:01.937 --> 00:45:05.257
to trying to create these facilitated.

00:45:05.257 --> 00:45:08.377
reflective practice groups within trusts who are signed up.

00:45:08.377 --> 00:45:11.397
to it and to get that to.

00:45:11.397 --> 00:45:13.197
research, whether we can actually do this and.

00:45:13.477 --> 00:45:15.467
Trying to improve people's mental health.

00:45:16.847 --> 00:45:20.317
So the conclusions of my talk is that moral injury is highly relevant.

00:45:20.317 --> 00:45:23.567
at the moment. However, it's not new. There have been it's.

00:45:23.567 --> 00:45:26.667
been a challenge for healthcare workers for many, many.

00:45:26.667 --> 00:45:29.867
years, probably ever since healthcare workers first came.

00:45:29.867 --> 00:45:33.137
into being, many staff feel betrayed. We.

00:45:33.137 --> 00:45:36.837
know that can affect their mental health and importantly.

00:45:36.837 --> 00:45:39.937
that also then means that affects their ability to deliver.

00:45:39.937 --> 00:45:43.197
safe care. And those of you who.

00:45:43.197 --> 00:45:46.217
work in the NHS may well have heard of NHS resolution.

00:45:46.217 --> 00:45:46.217

00:45:46.697 --> 00:45:50.067
NHS resolution is the NHS's litigation.

00:45:50.067 --> 00:45:53.347
law authority. They pay out 2.6.

00:45:53.347 --> 00:45:56.447
billion per year, mostly.

00:45:56.447 --> 00:45:59.797
to patients who have been harmed in some way then.

00:45:59.797 --> 00:46:02.907
that's an awful lot of money. That's an awful lot of harm that's going on.

00:46:02.907 --> 00:46:06.277
That harm will also have ramifications for the staff involved.

00:46:06.277 --> 00:46:09.447
in that. If we were able to make even a 10.

00:46:09.447 --> 00:46:12.687
difference for that by improving staff mental health.

00:46:12.687 --> 00:46:15.787
that should release a huge amount of funding that we.

00:46:15.787 --> 00:46:16.877
can use to.

00:46:16.987 --> 00:46:20.137
To look after our staff better, so it should.

00:46:20.137 --> 00:46:24.157
pay its own way. It's not just a nice to do thing improving.

00:46:24.157 --> 00:46:27.357
moral injury within the healthcare.

00:46:27.357 --> 00:46:30.837
services likely to have very important impacts for delivering.

00:46:30.837 --> 00:46:33.917
safe care, and we need to do that properly by.

00:46:33.917 --> 00:46:37.157
helping people reframe, we can't avoid morally.

00:46:37.157 --> 00:46:40.237
injurious events, they are going to happen. And.

00:46:40.237 --> 00:46:43.997
we need to consider this at system level or organizational.

00:46:43.997 --> 00:46:46.957
level and also at team level in order to do that properly.

00:46:47.957 --> 00:46:50.967
Right. That is the end of my talk and hopefully I can.

00:46:50.967 --> 00:46:55.257
stop right itself there from the chair. That's great and.

00:46:55.257 --> 00:46:55.257

00:46:56.127 --> 00:46:59.137
Thank you very much indeed to all the speakers. What?

00:46:59.137 --> 00:47:02.277
we're going to do now is I'm going to look at the questions I can.

00:47:02.277 --> 00:47:05.647
see there are 23 published questions, which is fabulous.

00:47:05.647 --> 00:47:08.877
There are lots of questions out there, which means I can give them to everybody else.

00:47:08.877 --> 00:47:12.017
other than me. And so let me just.

00:47:12.017 --> 00:47:15.117
try and go up to the top and.

00:47:15.117 --> 00:47:18.177
I'll just take some questions and we'll kind of see.

00:47:18.177 --> 00:47:19.577
where we go.

00:47:22.117 --> 00:47:22.617
Select.

00:47:24.757 --> 00:47:25.217
Him.

00:47:26.397 --> 00:47:29.447
What's the first question is from Abu with regards to overestimation?

00:47:29.447 --> 00:47:32.507
ening tools, do you think the time?

00:47:32.507 --> 00:47:35.567
ag may have influenced your findings because?

00:47:35.567 --> 00:47:39.227
NHS check collected data during the peak of the pandemic?

00:47:39.227 --> 00:47:42.547
and the clinical interview data was collected when there was lower infection?

00:47:42.547 --> 00:47:45.607
mortality. This timing difference may have made a difference, so I think.

00:47:45.607 --> 00:47:47.337
probably that's one for you Sharon.

00:47:48.317 --> 00:47:51.507
Yeah, and that's an excellent question. And we actually checked.

00:47:51.507 --> 00:47:54.747
in the detail whether that was the case and we found.

00:47:54.747 --> 00:47:57.987
that actually our preference estimates have stayed very stable over.

00:47:57.987 --> 00:48:01.027
time. So we do not think that the.

00:48:01.027 --> 00:48:04.507
timing of our screening tool. So when we did the diagnostic.

00:48:04.507 --> 00:48:07.867
interviews, actually met at in that sense.

00:48:07.867 --> 00:48:11.197
we also readministered the screening tools before.

00:48:11.197 --> 00:48:14.787
the diagnostic infuse. And those findings are also very similar.

00:48:14.787 --> 00:48:18.047
So it doesn't look like the timing of.

00:48:18.047 --> 00:48:20.717
the different meshes influenced our findings indeed.

00:48:22.467 --> 00:48:25.577
Thanks very much indeed, Sharon, about one fee you.

00:48:25.577 --> 00:48:28.857
Danny up. There's two here, but they kind of put them together so.

00:48:28.857 --> 00:48:32.137
is do know what percentage of those who reported suicidal.

00:48:32.137 --> 00:48:35.217

or attempts actually reported those that.

00:48:35.217 --> 00:48:38.237
eir line manager or to the trust. And then the second sort.

00:48:38.237 --> 00:48:41.307
of part different question is, are there any particular groups who?

00:48:41.307 --> 00:48:44.947
are more affected is a cardiology versus?

00:48:44.947 --> 00:48:46.507
mental health professionals or the like?

00:48:47.617 --> 00:48:50.827
So we haven't looked at that level.

00:48:50.827 --> 00:48:54.067
of specificity in the data.

00:48:54.067 --> 00:48:57.207
We've got masses and masses of data and what we've presented.

00:48:57.207 --> 00:49:00.277
today, I think in all three of the presentations actually been.

00:49:00.277 --> 00:49:03.547
really quite high level information about the evidence we've.

00:49:03.547 --> 00:49:06.867
got and we have, as I said, we've got huge detail.

00:49:06.867 --> 00:49:10.027
that we could look into. So there's exact questions. They're really good questions.

00:49:10.027 --> 00:49:13.167
They'll be interesting questions to look at. We haven't yet.

00:49:13.167 --> 00:49:16.197
So I can't tell you the answer to those things and.

00:49:16.197 --> 00:49:18.647
I would say if anyone who is.

00:49:18.737 --> 00:49:22.227
Them in the audience today is interested in working.

00:49:22.227 --> 00:49:25.327
on research in this in these areas or have a really.

00:49:25.327 --> 00:49:28.427
specific question that they think would be worth answering. Do get in.

00:49:28.427 --> 00:49:31.707
touch with us. We're always very keen to work collaboratively with.

00:49:31.707 --> 00:49:34.747
people to use the data. We've got a massive amount of data all.

00:49:34.747 --> 00:49:37.777
participants have been incredibly generous soul 23,000 people.

00:49:37.777 --> 00:49:40.827
who filled in these surveys with their time and we want to make best.

00:49:40.827 --> 00:49:43.947
use of the data. So do let us know, get in touch with one of us.

00:49:43.947 --> 00:49:47.067
and any of us to say I think.

00:49:47.067 --> 00:49:49.947
this is a really interesting question. Could you look at this in the data?

00:49:50.047 --> 00:49:53.317
And it might be that we could work on that bit of research together.

00:49:53.317 --> 00:49:53.317

00:49:55.107 --> 00:49:58.257
Thanks, Danny. One, I think probably for.

00:49:58.257 --> 00:50:01.717
Sharon, Tony, David, what cut offs would you recommend?

00:50:01.717 --> 00:50:04.817
to screening instruments? Are they more accurately matched the clinical interviews?

00:50:04.817 --> 00:50:04.837

00:50:06.677 --> 00:50:09.907
That's a very good question that we as a team are hoping.

00:50:09.907 --> 00:50:12.957
to establish in the near future as well. So the.

00:50:12.957 --> 00:50:16.237
issue with that is that you need to calibrate it to your population.

00:50:16.237 --> 00:50:19.247
So in general, it would be a higher cutoff score.

00:50:19.247 --> 00:50:22.407
but how high? We don't know yet. I.

00:50:22.407 --> 00:50:25.587
think in general or Neil, do I see you?

00:50:25.587 --> 00:50:27.127
g sigh having?

00:50:28.167 --> 00:50:31.557
I think for the scale for the PCL 6.

00:50:31.557 --> 00:50:34.917
x, that's the short measure we're using the traditional measure.

00:50:34.917 --> 00:50:38.397
cuts off, there is 14 or sometimes 17.

00:50:38.397 --> 00:50:41.527
and I think our data showed it should be 19.

00:50:41.527 --> 00:50:44.897
was a was a much much better one and I forget.

00:50:44.897 --> 00:50:48.637
we did look at that also for PHQ and for ghad.

00:50:48.637 --> 00:50:53.087
But I think that was a little bit more complicated. So we haven't, yeah.

00:50:53.087 --> 00:50:53.087

00:50:53.997 --> 00:50:57.067
Yeah. And also I think it's important for people to know because.

00:50:57.067 --> 00:51:00.567
the question we asked why do people still use screening tools?

00:51:00.567 --> 00:51:03.907
but in one way it's a good measure to 1st.

00:51:03.907 --> 00:51:07.007
sample, a big group of people. But then often we.

00:51:07.007 --> 00:51:10.127
stop there and then we don't do the diagnostic interviews.

00:51:10.127 --> 00:51:13.187
whereas those tools were developed to first do the.

00:51:13.187 --> 00:51:16.357

screening and then do a detailed assessment with people.

00:51:16.357 --> 00:51:20.097
who scored hide and the threshold. But unfortunately.

00:51:20.097 --> 00:51:23.687
we don't really use them anymore. And it started to lead a.

00:51:23.687 --> 00:51:26.697
life of their own in one way to say like that. So the end of.

00:51:26.697 --> 00:51:27.037
rther.

00:51:27.117 --> 00:51:30.557
Liberation as new also set would really help them to.

00:51:30.557 --> 00:51:31.537
get us back on track.

00:51:33.207 --> 00:51:36.287
Yeah. And I think the other thing it goes with that I would say is as well.

00:51:36.287 --> 00:51:39.377
as what the cut off is, it's also the context in which.

00:51:39.377 --> 00:51:42.617
it's used. So and other studies that we have done as are.

00:51:42.617 --> 00:51:45.897
wider teams show very much. If you're trust use.

00:51:45.897 --> 00:51:48.917
it uses it, then that has a very different.

00:51:48.917 --> 00:51:52.017
impact on what the scale means, whether people are happy.

00:51:52.017 --> 00:51:55.117
to tell the truth or they don't want to lose their job or they're afraid of it.

00:51:55.117 --> 00:51:58.167
also makes a difference about whether the use the we're.

00:51:58.167 --> 00:52:01.237
doing a stress survey in this NHS Trust because then.

00:52:01.237 --> 00:52:04.817
people mindset or whether you just put the tool into a much wider.

00:52:04.817 --> 00:52:04.817

00:52:04.937 --> 00:52:08.007
Affect like the staff survey or something along those sorts of lines.

00:52:08.007 --> 00:52:11.177
So the score is important, but also the context.

00:52:11.177 --> 00:52:14.187
that they is used also is really important and bizarrely.

00:52:14.187 --> 00:52:17.587
and we find higher rates when you do occupational.

00:52:17.587 --> 00:52:20.687
surveys then when you do general population.

00:52:20.687 --> 00:52:23.837
surveys so it does.

00:52:23.837 --> 00:52:26.847
need a bit of interpreting as well. And then of course you've.

00:52:26.847 --> 00:52:29.867
not only got the scale, you've also got about whether.

00:52:29.867 --> 00:52:33.087
he questions are asked anonymously or whether they're.

00:52:33.087 --> 00:52:36.137
asked and identifiable way and some of the research we've.

00:52:36.137 --> 00:52:37.707
done with military personnel we.

00:52:37.757 --> 00:52:40.877
Gave out a completely anonymous questionnaires and.

00:52:40.877 --> 00:52:44.037
identifiable questionnaires, but we told everybody that this wasn't.

00:52:44.037 --> 00:52:47.177
No one was going to be found. We found three times the.

00:52:47.177 --> 00:52:50.277
ate of palpable PTSD when it was.

00:52:50.277 --> 00:52:53.457
anonymous only so that there were. There were lots.

00:52:53.457 --> 00:52:56.817
of different bits to this, and that's the whole fun.

00:52:56.817 --> 00:53:00.237

of research, I suppose, and a question.

00:53:00.237 --> 00:53:03.837
for me, which you hear about moral injury and about.

00:53:03.837 --> 00:53:06.957
betrayal. The comments, we're still hearing comments about this from.

00:53:06.957 --> 00:53:08.707
staff, not enough staff, not enough.

00:53:08.837 --> 00:53:11.867
I mean our beds store for being asked to do things they.

00:53:11.867 --> 00:53:15.227
feel unsafe. How should how managers going to address this it?

00:53:15.227 --> 00:53:18.247
shouldn't just be down to the individual and well, the first thing to say.

00:53:18.247 --> 00:53:21.787
is I completely and utterly agree our team has done everything.

00:53:21.787 --> 00:53:25.227
we can to try and look at what the whole population in the NHS.

00:53:25.227 --> 00:53:28.347
is about, not just about focusing on ill.

00:53:28.347 --> 00:53:31.367
individuals because that's not at all helpful and.

00:53:31.367 --> 00:53:34.747
we think that actually going back to what I said earlier on about this.

00:53:34.747 --> 00:53:37.797
honest discussion and of course the.

00:53:37.797 --> 00:53:40.947
NHS following the enough doesn't really happen on this debate.

00:53:40.947 --> 00:53:44.027
very often. There's been stuff in the newspapers today about whistleblowers, you.

00:53:44.027 --> 00:53:44.027

00:53:44.137 --> 00:53:47.307
About how they are still finding it very difficult so.

00:53:47.307 --> 00:53:50.397
I think what where this starts from a manager's point.

00:53:50.397 --> 00:53:53.547
of view is not to say it's down to you.

00:53:53.547 --> 00:53:56.667
staff member to fix it. We should always be using the term.

00:53:56.667 --> 00:53:59.867
We need to do this. We need to make it better.

00:53:59.867 --> 00:54:03.227
o make it better. We need to work together and that we can if you can permeate.

00:54:03.227 --> 00:54:06.297
way that problems are solved throughout.

00:54:06.297 --> 00:54:09.347
an organization. You are much more likely to create that.

00:54:09.347 --> 00:54:12.487
sense of when it together which we know can help.

00:54:12.487 --> 00:54:13.957
create meaning for staff.

00:54:14.427 --> 00:54:17.497
And so I don't have any answer to where the equipment and the staff and the beds come.

00:54:17.497 --> 00:54:20.697
but certainly we shouldn't be labeling individuals.

00:54:20.697 --> 00:54:23.897
as you're not tough and you're not resilient enough. We shouldn't be just.

00:54:23.897 --> 00:54:27.417
saying, oh, we have to get on with it because that's the way it's always been and.

00:54:27.417 --> 00:54:30.557
I think my personal point of view rather than from a research point.

00:54:30.557 --> 00:54:33.837
of view, it needs more people to say no, which.

00:54:33.837 --> 00:54:37.237
and this may sounds like you bizarre, but sometimes no is entirely.

00:54:37.237 --> 00:54:39.327
the right thing and the most safe thing to say.

00:54:39.997 --> 00:54:43.107
But I look for another question which is not about my stuff this.

00:54:43.107 --> 00:54:44.677
time. Hold on one second.

00:54:45.887 --> 00:54:48.917
What's the overlap, Danny? One for you. Between the.

00:54:48.917 --> 00:54:52.117
group of Healthcare workers reporting non suicidal self.

00:54:52.117 --> 00:54:53.747
harm and suicide attempts.

00:54:55.077 --> 00:54:58.427
And again, this is one of the things that we haven't looked at in detail.

00:54:58.427 --> 00:55:01.957
so wouldn't be able to tell you the exact numbers and.

00:55:01.957 --> 00:55:04.987
yeah, also a really interesting question and.

00:55:04.987 --> 00:55:08.127
the kind of thing I think that we've got a lot more data.

00:55:08.127 --> 00:55:11.267
now with the follow up the 12 month and 24 month.

00:55:11.267 --> 00:55:14.447
follow up data. So we can start really drilling into those kinds.

00:55:14.447 --> 00:55:17.487
of questions. The more detailed questions as.

00:55:17.487 --> 00:55:20.787
well as looking over that longer time period and I think.

00:55:20.787 --> 00:55:23.797
some qualitative work on this particular topic.

00:55:23.797 --> 00:55:27.107
would also be really valuable I think quite a lot of the questions that.

00:55:27.107 --> 00:55:27.867
can see in the.

00:55:28.147 --> 00:55:31.797
In the Q&A section, there are about things that.

00:55:31.797 --> 00:55:35.297
we're not necessarily going to be able to unpick from the numbers.

00:55:35.297 --> 00:55:38.557
alone. We need to talk to people and get there.

00:55:38.557 --> 00:55:41.657
much more detailed, in-depth perspectives.

00:55:41.657 --> 00:55:42.617
on these things.

00:55:44.187 --> 00:55:47.537
And just a quick question here is I can answer which is does NHS.

00:55:47.537 --> 00:55:50.557
resolution payout to staff members it?

00:55:50.557 --> 00:55:53.677
does, it does also cover where staff are all wronged and.

00:55:53.677 --> 00:55:56.877
harmed. And that's a very small amount of the 2.6.

00:55:56.877 --> 00:56:00.797
million overall, most of it is to patients and.

00:56:00.797 --> 00:56:04.247
which it is not so great and I.

00:56:04.247 --> 00:56:07.637
don't know whether we can answer this. And Danny Sharon modeling.

00:56:07.637 --> 00:56:10.657
taking time out via whilst us.

00:56:10.657 --> 00:56:13.917
agree is difficult to balance against policy that says staff.

00:56:13.917 --> 00:56:14.587
aff are subject to.

00:56:14.657 --> 00:56:17.677
Let's take this planning after three episodes of sick leave can.

00:56:17.677 --> 00:56:20.757
we model the impact of taking your time off, taking sick?

00:56:20.757 --> 00:56:24.037
leave, taking the leave that you are entitled to?

00:56:24.037 --> 00:56:25.937
and the impact on mental health?

00:56:27.137 --> 00:56:30.227
It is that modelling in the sense of statistical modelling.

00:56:30.227 --> 00:56:33.767
or modeling good behavior in terms of managers modeling.

00:56:33.767 --> 00:56:36.987
well, if I need time out, I'm gonna take time out. There's I think there's.

00:56:36.987 --> 00:56:40.027
a very, very different questions. Obviously there I think.

00:56:40.027 --> 00:56:43.407
maybe Neil you're better place to talk about the modeling of.

00:56:43.407 --> 00:56:46.687
behavior by managers, yeah.

00:56:46.687 --> 00:56:49.737
no, I think obviously that should be done I guess can we do we?

00:56:49.737 --> 00:56:52.767
have any data in our study about whether we can.

00:56:52.767 --> 00:56:55.787
look at people who take their leave and take the time.

00:56:55.787 --> 00:56:57.867
off that they're entitled to versus those who don't.

00:56:59.437 --> 00:57:03.007
Be do you know whether people were on sick leave?

00:57:03.007 --> 00:57:06.487
but we don't know whether people also took their entitled?

00:57:06.487 --> 00:57:09.547
leave so annual leave, but we can definitely look at.

00:57:09.547 --> 00:57:12.897
UM sickness absence days due to various.

00:57:12.897 --> 00:57:16.187
conditions and weather possibly in the longer term. Whether people do better.

00:57:16.187 --> 00:57:19.807
or worse, isn't it, Danny? Yeah.

00:57:19.807 --> 00:57:22.927
We've got an analysis this touching on that actually that we're.

00:57:22.927 --> 00:57:25.967

just writing up at the moment, so watch this.

00:57:25.967 --> 00:57:29.647
space. We are looking at sickness absence and mental health outcomes. Absolutely.

00:57:29.647 --> 00:57:29.647

00:57:30.337 --> 00:57:33.357
And I also wanted, Neil, there's been a few questions.

00:57:33.357 --> 00:57:36.597
about this sort of organizational versus individual.

00:57:36.597 --> 00:57:40.707
level. So people talking about some of this.

00:57:40.707 --> 00:57:43.877
sounds as though we're putting a lot of emphasis on the individual.

00:57:43.877 --> 00:57:47.007
and actually it's organization. I think that something that as a team.

00:57:47.007 --> 00:57:50.097
we've all been really aware of and talked about a lot about.

00:57:50.097 --> 00:57:53.137
the fact this we don't want that to be the message that.

00:57:53.137 --> 00:57:56.357
people take away from our research now evidence that it's really.

00:57:56.357 --> 00:57:59.927
important to focus on the fact that it's not down to individuals.

00:57:59.927 --> 00:58:02.117
that this is individuals working.

00:58:02.247 --> 00:58:05.317
In a really difficult, challenging context and.

00:58:05.317 --> 00:58:08.347
it's up to all of us to senior managers, to policymakers as well.

00:58:08.347 --> 00:58:11.537
as us as individuals to be changing that context.

00:58:11.537 --> 00:58:14.607
rather than anyone. Individual feeling as though if they're.

00:58:14.607 --> 00:58:17.687
struggling with mental health, that's their fault and they're not

resilient enough or.

00:58:17.687 --> 00:58:20.857
anything like that. That's not the message that we want to be putting.

00:58:20.857 --> 00:58:21.237
out there.

00:58:21.877 --> 00:58:25.127
Completely agree and one of the things that has come up a few times.

00:58:25.127 --> 00:58:28.227
in our study but also elsewhere in the work we do is.

00:58:28.227 --> 00:58:31.267
people feeling that resilience is almost a dirty word because people.

00:58:31.267 --> 00:58:34.887
are being told to be more resilient and to buck up and not.

00:58:34.887 --> 00:58:37.947
only does our data not show that and that not right.

00:58:37.947 --> 00:58:41.147
if you look at the World Health organizations, mental health.

00:58:41.147 --> 00:58:44.317
and the workplace guidance, you look at raw colleges of psychiatrists, mental.

00:58:44.317 --> 00:58:47.767
health in the workplace guidance. I led the World Psychiatric Association.

00:58:47.767 --> 00:58:50.847
mental health and work guidance it all very much.

00:58:50.847 --> 00:58:51.607
says that the.

00:58:51.687 --> 00:58:55.347
Biggest impact on mental health in the workplace comes from team and organizational.

00:58:55.347 --> 00:58:58.487
level. So things like mindfulness and yoga, nothing against.

00:58:58.487 --> 00:59:01.677
them. People can do them, but that's not the solution to mental.

00:59:01.677 --> 00:59:05.057
health problems at work. It's about creating healthier and more

resilient.

00:59:05.057 --> 00:59:08.837
teams, and it's a cheesy phrase, but within organizations.

00:59:08.837 --> 00:59:12.057
resilience often lies in the bonds between individuals.

00:59:12.057 --> 00:59:15.257
not in individuals themselves. So we're.

00:59:15.257 --> 00:59:18.397
kind of at 12:59, I said we're finished at 1:00 o'clock, and we're going to.

00:59:18.397 --> 00:59:21.557
I just want to say thank you ever so much.

00:59:21.557 --> 00:59:22.717
for everyone to come into.

00:59:22.797 --> 00:59:25.907
To listen to us hopefully found that useful, do you give us feedback?

00:59:25.907 --> 00:59:29.027
and download the slides and the recording?

00:59:29.027 --> 00:59:32.367
If you want to. Sharon. Danny, thank you ever so much.

00:59:32.367 --> 00:59:35.727
for your inputs today have been great and.

00:59:35.727 --> 00:59:38.867
thanks very much also to the rest of the NHS tech team some.

00:59:38.867 --> 00:59:40.077
e of who are online now.

00:59:40.237 --> 00:59:43.417
And we'll certainly, I really do think and I if.

00:59:43.417 --> 00:59:46.727
terms of modelling, we do have an Absolutely Fabulous team and.

00:59:46.727 --> 00:59:49.967
we're, we're, we're we are really keen to carry on working.

00:59:49.967 --> 00:59:52.987
and the last big thank you is to the 23,000 plus.

00:59:52.987 --> 00:59:56.237
staff in the NHS who have kindly given their time and effort.

00:59:56.237 --> 00:59:59.347
and we probably will be coming back to you again at some point in the.

00:59:59.347 --> 01:00:02.687
future. So if you can keep on going and giving us your data.

01:00:02.687 --> 01:00:06.237
I promise you we will do everything we can to make sure it's used to good effect.

01:00:06.237 --> 01:00:08.137
Thank you so much for listening. Bye bye.

01:00:08.177 --> 01:00:18.177