An investigation of psychological flexibility at the individual, leadership, and team level in Crisis Resolution Teams, and its impact on service user satisfaction

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Introduction

• Wellbeing at work: occupational health important for individuals & organisations

• HSE reports 37% of work-related illness in 2015/16 were stress/depression/anxiety (HSE, 2016)

• Previous work on predictors of poor wellbeing mainly considers organisational and demographic factors

• Small amount of work on psychological factors e.g. personality - strongest evidence for neuroticism (↑ associated with poor wellbeing)

• Personality stable over time, not amenable to change
Psychological flexibility

“ability to focus attention on the present moment and situation, and to change or persist in behaviour in accordance with chosen values and goals”

High psychological flexibility predictive of mental health

Stable over time but also amenable to alteration via interventions (e.g. ACT)

Psychological ill-health

Emotional exhaustion

Stress

(Bond et al., 2013) (Bond & Bunce, 2003; Lloyd et al., 2013; McCracken & Yang, 2008)
Population of interest

Evidence of high levels of burnout in mental health staff – estimates of 21-67% (Morse et al., 2011)

Large proportion of previous work on specific staff groups, e.g. nurses, less on multidisciplinary teams

Population of interest: staff working in Crisis Resolution and Home Treatment Teams (CRTs)

Existing research: CRT staff less emotionally exhausted than CMHT & AOT staff

(Johnson et al., 2011; Johnson et al., 2012; Nelson et al., 2009)
Research questions

1) Does psychological flexibility in CRT staff members at baseline predict wellbeing outcomes at follow up?

2) Is there an association between managers’ levels of psychological flexibility and their staff members’ wellbeing outcomes?

3) Is there an association between team-level psychological flexibility and service user satisfaction?
Methods

Design: 1) Longitudinal, 2) & 3) Cross-sectional

Setting & Sample: Staff & service users in 25 CRTs in 8 NHS Trusts

Measures (staff):
- Work-related Action and Acceptance Questionnaire (WAAQ)
- Maslach Burnout Inventory (Human Services Survey) (MBI HSS)
- Utrecht Work Engagement Scale (UWES)
- General Health Questionnaire (GHQ)

Measure (service users):
- Client Satisfaction Questionnaire (CSQ)

Procedures: Staff: Emailed online questionnaire
- Service users: Emailed or phone questionnaire

Analysis: Multilevel regression models
Results – Sample characteristics

Overall staff response rate: 75% = 589 participants

<table>
<thead>
<tr>
<th>Completed Q at baseline</th>
<th>Completed Q at follow up</th>
<th>Completed Q at both points</th>
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<td>434</td>
<td>422</td>
<td>267</td>
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Female (64%)
White (72%)
Age 43 (SD 9)

Service user response rate: 62% = 357 participants

Female (59%)
White (86%)
Age 43 (SD 14.6)
Results – Study 1, Staff PF

Hypothesis 1:

Higher psychological flexibility (WAAQ) at baseline will predict lower emotional exhaustion (MBI EE) at follow-up

Staff n=267

| MBI EE follow up | Coefficient | 95% Confidence Interval | P>|z|
|------------------|-------------|-------------------------|-----|
| WAAQ baseline    | -0.36       | -0.60                   | -0.13| 0.002
| Age              | -0.05       | -0.21                   | 0.11 | 0.57
| Gender           | 2.16        | -0.56                   | 4.88 | 0.12

Ethnicity (White)

| Asian | -3.35 | -7.70 | 1.00 | 0.04 |
| Black | -5.16 | -9.38 | -0.94 |
| Mixed/Other | 1.88 | -3.57 | 7.33 |
Results – Study 1, secondary hypotheses

a: Higher psychological flexibility at baseline will predict higher work engagement at follow up
   Coefficient: 0.46
   95% CI 0.27 to 0.66
   p<0.001

b: Higher psychological flexibility at baseline will predict lower psychological ill-health at follow up
   Coefficient: -0.15
   95% CI -0.26 to -0.04
   p<0.01
Hypothesis 2:
Higher manager psychological flexibility (WAAQ scores) will be associated with lower staff emotional exhaustion (MBI EE scores)

Manager n=24
Staff n=434

Additional covariates:
- Years in mental health services
- Years in current CRT
- Education level
- NHS Trust
- Manager’s experience in current CRT

| Staff MBI EE | Coefficient | 95% Confidence Interval | P>|z|
|--------------|-------------|-------------------------|------|
| Manager’s WAAQ | -0.31 | -0.60 | -0.03 | 0.03 |
| Age | -0.01 | -0.14 | 0.11 | 0.83 |
| Gender | 1.86 | -0.28 | 4.01 | 0.09 |
| Ethnicity (White) | | | | |
| Asian | -4.39 | -7.41 | -1.36 | 0.03 |
| Black | -3.09 | -6.40 | 0.22 | |
| Mixed/Other | -0.82 | -5.46 | 3.81 | |
Results – Study 2, secondary hypotheses

a: Higher manager psychological flexibility (WAAQ) will be associated with higher staff work engagement (UWES)
   Coefficient: 0.23
   95% CI: 0.00 to 0.45
   p=0.05

b: Higher manager psychological flexibility (WAAQ) will be associated with lower levels of staff psychological ill-health (GHQ)
   Coefficient: 0.01
   95% CI: -0.14 to 0.15
   p=0.92

c: Higher manager psychological flexibility (WAAQ) will be associated with higher staff psychological flexibility (WAAQ)
   Coefficient: 0.15
   95% CI: -0.01 to 0.31
   p=0.06
Results – Study 3, Team PF

Hypothesis 3:
Higher team-level psychological flexibility (WAAQ) will be associated with higher service user satisfaction (CSQ-8)

Team n=25
Service user n=352

Additional covariates:
• No. times as inpatient
• Years in mental health services
• NHS Trust
• Team WAAQ SD
• Team size

|                | Coefficient | 95% Confidence Interval | P>|z| |
|----------------|-------------|-------------------------|-----|
| CSQ total      |             |                         |     |
| Team WAAQ      | -0.55       | -1.08                   | 0.02|
| Age            | 0.03        | -0.01                   | 0.08|
| Gender (Male)  |             |                         |     |
| Female         | -0.45       | -1.71                   | 0.82|
| Transgender    | 1.94        | -6.43                   | 10.31|
| Ethnicity (White) |        |                         |     |
| Asian          | 1.90        | -0.97                   | 4.77|
| Black          | 1.35        | -1.25                   | 3.94|
| Mixed/Other    | -1.06       | -5.03                   | 2.91|
Results – Study 3, secondary hypotheses

a: Higher team-level psychological flexibility (WAAQ) will be associated with lower admission rates

b: Higher team-level psychological flexibility (WAAQ) at baseline will predict lower readmission rates at follow up

Data being collected.....
Discussion

**Study 1**  
**Individual level**  
Good evidence higher psychological flexibility predicts well-being outcomes in CRT staff. BUT relatively small effect sizes.

**Study 2**  
**Leadership level**  
Some evidence higher manager psychological flexibility is associated with better well-being outcomes in their staff, but mixed results.

**Study 3**  
**Team level**  
Unexpected results: higher team psychological flexibility is associated with service user satisfaction, but in a negative direction! Possible reasons:  
- Aggregation of individual WAAQ scores problematic  
- Sampling bias  
- Reverse causation  
- CSQ useful measure?
Future directions

- Complex relationships between variables affecting wellbeing in mental health staff
- Why use PF over other individual characteristics?
- Surprise recommendation – more research needed!
  - Replicate results? RCT? Comparison to other MH teams?
- What other elements are worth including in future studies?
Any questions?

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References