Mental Health, Workforce and Well-being Research Framework

1. Introduction

The purpose of the document is to propose a pan-ARC workforce focused mental health and well-being research framework.

The first pan-ARC meeting on 23 April 2020 included a discussion about broadening the research scope to incorporate a workforce focus in addition to individual level psychological factors; the proposed framework incorporates both of these perspectives.

The aim is for this proposed research framework, or approach, to serve as a reference point to: 1) create coherence and comparability across the research carried out by ARCs, and 2) reduce duplication of work to reduce workforce burden. Adopting a coherent approach with an agreed purpose and broad aims will maximise the potential for cross-ARC collaboration, synergy and impact.

2. National Institute for Health Applied Research Collaborative (NIHR ARC)

The National Institute Health Research (NIHR) has invested £135 million to support 15 collaboratives covering every region within England. The collaborative provides a framework within which key stakeholders are brought together locally and nationally with a mandate to tackle difficult issues facing our health and care system including: patient outcomes, effectiveness of our health and care system, system sustainability, and carrying out research with an applied focus to facilitate the rapid translation of research into practice.[1] Moreover, the designation of ARC South London and ARC East of England as national leads for mental health and the establishment of a National Mental Health Priorities Network provides a further opportunity for effective collaboration.

The work priorities within each of the 15 ARCs are structured around themes, ranging in number from 4 to 11 (see **Appendix A**); mental health is an explicit theme within 12 of the 15 ARC regions. Although not a stand alone theme in every ARC, mental health and wellbeing is explicit in the context of themes focused on workforce. Further, it is particularly salient in the broader context of developing effective, sustainable health and care systems across ARC themes.

3. Mental Health Theme_Pan-Arc Mental Health, Workforce and Well-being Framework

3.1. Rationale

The mental health of the working population has been approached from a variety of traditions, disciplines and perspectives which has created distinct bodies of literature. However, there is growing recognition that there is utility in integrating these diverse approaches to the study of workforce mental health and well being.

Colleagues at ARC Wessex have formulated a 'workforce wellbeing and mental health' research sub-theme to proactively connect two different workforce mental well-being perspectives.[2] The focus within the mental health and staff well-being literature is at an individual level, such as examining how to improve individuals' resilience and coping mechanisms, and determining the presence or absence of mental ill health, e.g. depression, anxiety. Within the workforce research literature staff outcomes, e.g. burnout, staff turnover, are examined in the context of how effective different workforce initiatives are, e.g. staffing, workload. Connecting these two perspectives within an

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[1] New NIHR Applied Research Collaborations to tackle the biggest challenges faced by the health and care system, National Institute for Health Research, https://www.nihr.ac.uk/news/new-nihr-applied-research-collaborations-to-tackle-the-biggest-challenges-faced-by-the-health-and-care-system/21373.
[2] J. Ball. Email communication, 7 May, 2020.

overarching framework can create a more informed understanding of the impact of individual factors affecting mental health in the context of the organisation within which individuals work.

There is also the body of literature on workplace mental health interventions advocated by colleagues from ARC East of England.[3] Notably, an integrated approach to mental prevention, promotion and management has been posited to 'combine the strengths of medicine, public health, and psychology to optimise both the prevention and management of mental health problems in the workplace.'[4] Moreover this integrated framework has been applied to assess the robustness of workplace guidelines to support the practical application of measures to prevention poor mental health in the working population.

In short, the conceptualisation of 'workforce mental health and wellbeing' includes different dimensions. Some of these are evident at the individual level (mental health, work-related stress, personal safety, views of context and intention to leave or stay) and others at an organisational level (e.g. sickness absence, attrition, turnover). Further, research can also be focussed on different parts of the health and care workforce in terms of staff group (e.g. RNs, medics, care workers, support staff), sector (e.g. NHS, social care, primary) and setting (e.g. acute, community, care homes etc.).

3.2. Framework approach

This framework is not intended to be prescriptive, rather, it is a call to colleagues doing research under the ARC umbrella to use the framework as a point of reference in the development of research projects and programmes. It is a modular approach which allows flexibility to fit the scientific questions and data collection to the needs of the specific workforce and context being studied.

Actions such as adopting some consistent measures and aligning broad research questions (Box 1) where appropriate will ensure comparability of studies and potential for future work to look at the broader national picture across themes and workforce groups, in relation to COVID-19 and beyond.

Box 1. Example research questions within the mental health, workforce and well-being framework

- How do acute, unexpected changes in the working environment (induced by a national emergency) impact on the health and social care workforce?
- What are the implications of these changes on individual wellbeing and resilience, and how do these impact on presenteeism, absenteeism and workforce morale,
- What are the shorter and longer term implications for staff sickness, turnover, training and recruitment?
- What are the short-, medium- and longer-term needs for health and wellbeing support and are these needs being met?
- What risk factors and protective factors are associated with these workforce outcomes at individual and organisational levels?
- What are the key indicators that need to be monitored and fed back to services, and how might these data most usefully be presented?
- How can we best utilize this learning at local, regional and national levels to pre-empt and/or ameliorate any subsequent adverse effects?

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[3] K. Sanderson. Email communication, 21 May, 2020.
[4] Lamontagne, A.D., Martin, A., Page, K.M., Reavley, N.J., Noblet, A.J., Milner, A.J., Keegel, T., Smith, P.M., 2014. Workplace mental health: developing an integrated intervention approach. BMC Psychiatry, pp, 1; doi:10.1186/1471-244x-14:131

For example, there are a number of active studies looking at the psycho-social impact of COVID-19 on individuals within the NHS workforce. Reaching agreement with colleagues to incorporate or align measures across studies would support coherence and comparability. Indeed, this aligns to the content of very early email communication about COVID-19 research among ARC members[5] in which there was a suggestion and agreement from colleagues to use measures commonly adopted within the NHS (e.g. PHQ-9[6], GAD-7[7]) to ensure alignment with usual practice and utility of the data collected. Similarly, incorporating consistent individual and organisational level workforce measures will ensure coherence across studies incorporating a workforce perspective within their research. Suggested measures include: intention to leave and burnout (BAT)[8] as a minimum, but also measures of job satisfaction, staff perceptions of workload, sickness absence, and staff turnover.[9]

Currently the programme is focused on the impact of COVID-19 on the mental health and well-being of the workforce. However, the issue of workforce mental well-being is not specific to the current COVID-19 pandemic. For example, in a study of 12 EU countries nurses in the NHS in the UK were second only to Greece in having the highest proportion of nurses suffering from burnout.[10] The COVID-19 pandemic provides a window within which to understand the impact of an extreme event on individual mental well-being within organisations that are under pressure and identify modifiable factors.

The ambition is therefore to provide a framework for research that can have an applied value during and beyond COVID-19, ensuring programme sustainability and longevity. Further, consideration should also be given to understanding context prior to COVID and how this may influence research priorities and framing of questions during and post COVID. For example, some staff groups and settings were already at known elevated risk for poor mental health and wellbeing prior to COVID, such as increased risk of death by suicide amongst female nurses and male paramedics.

The matrix in Figure 1 illustrates the potential for different permutations, depending on the workforce group and dimension/level being examined. For example, ARC GM are developing a social care and social work COVID-19 study. This study will cut across several themes of workplace, workforce, individual level mental health and well-being factors, with a focus on understanding the disproportionate impact on BAME communities. However, as research programmes develop both the number of cross-cutting themes and workforce groups will likely grow.

[5] R. Morriss. Email communication, April 22, 2020.

[6] Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

[7] Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. Archives of Internal Medicine, 166(10), 1092–1097. https://doi.org/10.1001/archinte.166.10.1092

[8] Schaufeli, W.B., De Witte, H. & Desart, S. (2019). Manual Burnout Assessment Tool (BAT). KU Leuven, Belgium: Unpublished internal report.

[9] J. Ball. Email communication, May 21, 2020.

[10] Aiken, L.H., Sermeus, W., Van Den Heede, K., Sloane, D.M., Busse, R., Mckee, M., Bruyneel, L., Rafferty, A.M., Griffiths, P., Moreno-Casbas, M.T., Tishelman, C., Scott, A., Brzostek, T., Kinnunen, J., Schwendimann, R., Heinen, M., Zikos, D., Sjetne, I.S., Smith, H.L., Kutney-Lee, A., 2012. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. BMJ.. doi:10.1136/bmj.e1717

Figure 1: Example of Workforce groups and cross cutting themes

		WORFORCE GROUPS				
		NHS e.g. acute mental health; community	Social Care e.g. Care home; Domiciliary care (home care)	3rd Sector	Public Health	Primary care e.g. GP practices
CROSS CUTTING THEMES	Workplace (organisational level)		√			
	Workforce (organisational level)		√			
	Workforce (individual level)		√			
	Mental health, well-being, resilience (individual level)		√			
	BAME		√			

However, whilst some combinations within this matrix may be of interest to all or many, particular expertise and interest of different ARCs sit in different places across this matrix. For example, one of the ARC East Midlands priorities is the impact of COVID-19 on the BAME workforce; East Midlands colleagues are leading work in this area. ARC GM colleagues have particular expertise in social care and are leading the social care workforce study while ARC Wessex bring expertise on staff surveys and organisational workforce research. ARC East of England have a particular area of expertise in workplace well-being intervention, with NHS and social care staff wellbeing forming part of the ARC funding submission. Prioritisation of the NHS Check extension to acute sites within ARC regions is an urgent focus for many of the ARCs. This list is not exhaustive rather highlights the varied expertise, interests and priorities across ARCs.

The framework can help to identify potential studies and match to expertise/interest within the programme. ARCs interested in undertaking a well-being study with the same focus can then work collaboratively, building in sufficient consistency in approach to enable the potential for comparison and creation of pooled datasets.

Collaborations will involve ARCs agreeing research questions and outcomes. A proposal would form the basis of agreement for the approach in addition to resource requirements, data sharing, and intellectual property (which can form a funding bid, and/or be formalised in a Memorandum of Understanding or similar).

4. Summary

The convergence of four factors presents an opportunity to create a more integrated approach to understanding mental health of the workforce during a period of acute stress and in the longer term. These four factors are:

- the COVID-19 pandemic and its impact on the workforce in particular,
- the NIHR ARC structure and guiding principles of integration and collaboration,
- identified ARC area themes which align to workforce, mental health and wellbeing, and
- the Mental Health Priorities Network.

The proposed pan-ARC mental health, workforce and well-being framework is an opportunity to create a coherent and consistent applied research programme. The framework facilitates collaborative working, draws on the resource and expertise within the ARC network, and maximises potential for synergy and impact. While the focus of research in the short term has a COVID-19 focus, the ambition is that this framework should facilitate research beyond the current pandemic, ensuring programme sustainability and longevity across the lifetime of this 5-year NIHR ARC funding cycle.

Fundamentally, however, it is effective communication that will prevent siloed working and duplication of effort. Regular and transparent communication about priorities, ideas and planned programmes of work will be the catalyst to maximise the potential for cross-ARC collaboration, synergy and impact through the approach described.

Appendix A. National Institute for Applied Research (NIHR) Applied Research Collaborative area, host organisations and research priorities (Adapted from: National Institute for Health Research)[11]

Name	Host NHS organisation	Research Priorities
NIHR Applied Research Collaboration East of England https://arc-eoe.nihr.ac.uk/ ***This ARC is also the joint national leadership area for mental health (see also ARC South London)*[12]	Cambridgeshire and Peterborough NHS Foundation Trust	1. Ageing and multimorbidity 2. Population evidence and data science 3. Inclusive involvement in research for practice-led health and social care 4. Health economics and prioritisation in health and social care 5. Mental health over the life course 6. Palliative and end of life care 7. Prevention and early detection in health and social care
NIHR Applied Research Collaboration East Midlands http://arc-em.nihr.ac.uk/	Nottinghamshire Healthcare NHS Foundation Trust	1. Mental health and wellbeing 2. Managing multi-morbidity 3. Building community resilience and enabling independence 4. Data2health 5. Ethnicity and Health Inequalities 6. Translating and implementing sustainable service improvement
NIHR Applied Research Collaboration Greater Manchester https://www.arc-gm.nihr.ac.uk/	Manchester University NHS Foundation Trust	1. Healthy ageing 2. Digital health 3. Mental health 4. Organising care 5. Evaluation 6. Implementation science 7. Economic sustainability
NIHR Applied Research Collaboration Kent, Surrey and Sussex https://www.sussexpartnership.nhs.uk/research-arc-kss	Sussex Partnership NHS Foundation Trust	1. Social care 2. Starting well: early detection and intervention of mental health problems in children and adolescent 3. Living well with dementia 4. Primary and community health services 5. Co-production 6. Public health 7. Digital innovation 8. Economics of health and social care
NIHR Applied Research Collaboration North East and North Cumbria	Northumberland, Tyne and Wear NHS Foundation Trust	1. Multimorbidity, ageing and frailty 2. Supporting children and families 3. Prevention, early intervention and behaviour change 4. Integrating physical, mental health and social care 5. Inequalities and marginalised communities 6. Assistive technologies and data linkage 7. Evaluating change with pace and scale 8. Knowledge mobilisation and implementation science
NIHR Applied Research Collaboration North Thames https://uclpartners.com/about-us/arc-north-thames/	Barts Health NHS Trust	1. Mental health: tackling social & institutional inequalities in MH systems 2. Multimorbidity: understanding clusters and evaluating care 3. Population health and social care 4. Innovation and implementation science 5. Health economics and data
NIHR Applied Research Collaboration Northwest London https://www.arc-nwl.nihr.ac.uk/	Chelsea and Westminster Hospital NHS Foundation Trust	1. Child population health 2. Multimorbidity 3. Digital health 4. Innovation and evaluation 5. Information and intelligence 6. Patient, public, community engagement and involvement 7. Collaborative learning and capacity building

[11] National Institute for Health Research, https://www.nihr.ac.uk/news/new-nihr-applied-research-collaborations-to-tackle-the-biggest-challenges-faced-by-the-health-and-care-system/21373), last accessed June 9 2020.

[12] National Institute for Health Research, https://www.nihr.ac.uk/explore-nihr/support/collaborating-in-applied-health-research.htm, last accessed June 9 2020.

Name	Host NHS organisation	Research Priorities
NIHR Applied Research Collaboration North West Coast https://arc-nwc.nihr.ac.uk/	NHS Liverpool CCG	1. Person-centred complex care 2. Improving population health 3. Equitable place-based health and care 4. Methodological innovation, development, adaptation and support 5. Health and care across the life course 6. Care and health informatics
NIHR Applied Research Collaboration Oxford and Thames Valley https://www.arc-oxtv.nihr.ac.uk/	Oxford Health NHS Foundation Trust	1. Disease prevention through health behaviour change 2. Patient self-management 3. Mental health across the life course 4. Community health and social care improvement 5. Applied digital health 6. Novel methods to aid and evaluate implementation
NIHR Applied Research Collaboration South London http://www.arc-sl.nihr.ac.uk/ **This ARC is also the joint national leadership area for mental health (see also ARC East of England)[13]	King's College Hospital NHS Foundation Trust	1. Alcohol 2. Applied informatics 3. Capacity building 4. Children and young people 5. Economics and biostatistics 6. Implementation research 7. Maternity and perinatal mental health 8. Palliative and end of life care 9. Patient and public involvement research 10. Public health and multi-morbidities 11. Social care
NIHR Applied Research Collaboration South West Peninsula https://www.arc-swp.nihr.ac.uk/	Royal Devon and Exeter NHS Foundation Trust	1. Dementia 2. Mental health 3. Public health 4. Complex care 5. Methods for research and improvement
NIHR Applied Research Collaboration Wessex https://www.arc-wx.nihr.ac.uk/	University Hospital Southampton NHS Foundation Trust	1. Ageing and dementia: supporting independent living for people with complex health needs 2. Healthy communities: improving public health across the life course 3. Long-term conditions: integrating person centred approaches to optimise healthy living 4. Health systems & workforce: supporting health and social care by improving service delivery
NIHR Applied Research Collaboration West https://arc-w.nihr.ac.uk/	University Hospitals Bristol NHS Foundation Trust	1. Mental health 2. Behavioural and qualitative science 3. Public health and prevention 4. Applied data science 5. Integrated and optimal care 6. Healthier childhoods 7. Evidence 8. Health economics
NIHR Applied Research Collaboration West Midlands https://warwick.ac.uk/fac/sci/med/about/centres/arc-wm/	University Hospitals Birmingham NHS Foundation Trust	1. Long-term conditions 2. Acute care interfaces 3. Integrated care in youth mental health 4. Maternity 5. Cross-cutting: organisational science 6. Cross-cutting: research methodology, informatics and rapid response
NIHR Applied Research Collaboration Yorkshire and Humber https://www.arc-yh.nihr.ac.uk/	Bradford Teaching Hospitals NHS Foundation Trust	1. Older people with frailty 2. Early life and prevention 3. Urgent and emergency care 4. Mental and physical multimorbidity 5. Health economics, evaluation, equality 6. Improvement science

[13] National Institute for Health Research, https://www.nihr.ac.uk/explore-nihr/support/collaborating-in-applied-health-research.htm, last accessed June 9 2020.