

# 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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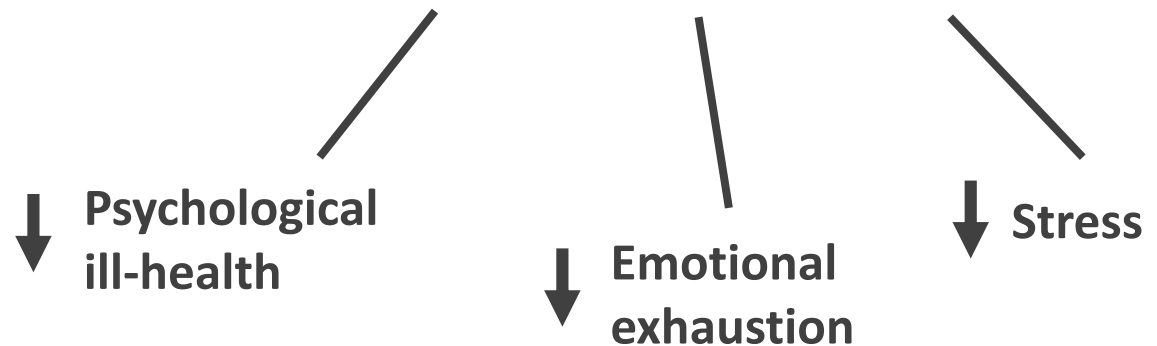
# Psychological flexibility



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

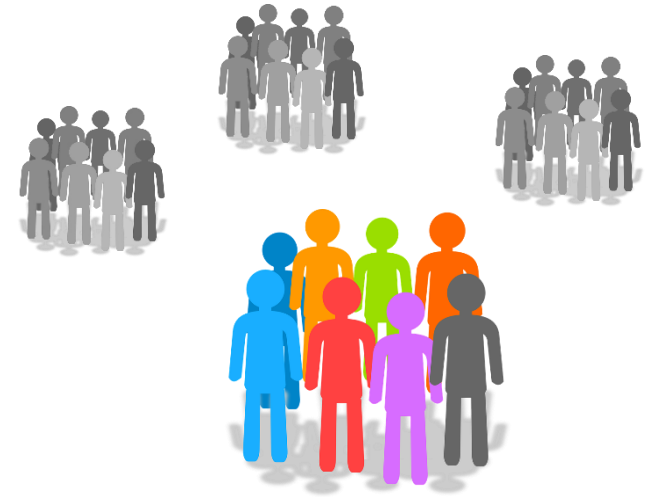
Stable over time  
but also amenable  
to alteration via  
interventions  
(e.g. ACT)

High psychological flexibility  
predictive of mental health



# 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)

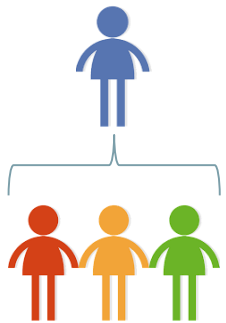
Existing research: CRT staff less emotionally exhausted than CMHT & AOT staff

(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

Completed Q at baseline	Completed Q at follow up	Completed Q at both points
434	422	267

Female (64%)  
 White (72%)  
 Age 43 (SD 9)

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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

Additional covariates:

- Years in mental health services
- Years in current CRT
- Education level
- NHS Trust

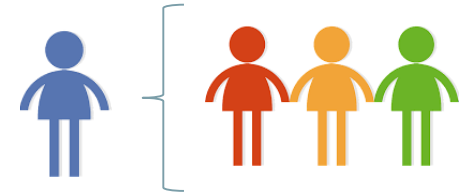
MBI EE follow up	Coefficient	95% Confidence Interval		P>z
WAAQ baseline	-0.36	-0.60	-0.13	0.002
Age	-0.05	-0.21	0.11	0.57
Gender	2.16	-0.56	4.88	0.12
Ethnicity (White)				
Asian	-3.35	-7.70	1.00	0.04
Black	-5.16	-9.38	-0.94	
Mixed/Other	1.88	-3.57	7.33	



## 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
  - $p < 0.01$

# Results – Study 2, Manager PF



## 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

CSQ total	Coefficient	95% Confidence Interval		P>z
Team WAAQ	-0.55	-1.08	-0.02	0.04
Age	0.03	-0.01	0.08	0.12
Gender (Male)				
Female	-0.45	-1.71	0.82	0.69
Transgender	1.94	-6.43	10.31	
Ethnicity (White)				
Asian	1.90	-0.97	4.77	0.39
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?
  - Supervision? Values? Control? Reward? Physical environment?



**Any questions?**

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